



Church of St. Christopher – St. Margaret Mary

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Web: www.stchristophersi.org Web: www.stmmsi.org
Facebook: St. Margaret Mary Staten Island NY



Religious Education Program 2015 – 2016 Student Emergency Form

Child's Last Name: _____ First Name: _____ Date: _____

Parent/Guardian Name: _____ Phone: _____

Home Address: _____ Zip: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Phone: _____

Name: _____ Phone: _____

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Hospital where student should be taken if parent/guardian or physician cannot be reached:

Allergies (please include medicine allergies: _____

Other Medical Conditions: _____

Parent/Guardian Signature: _____

In case of an accident or serious illness, I request the St. Christopher - St. Margaret Mary Religious Education Program to contact me. If no one is able to reach me I hereby authorize them to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician the program may take whatever arrangements deem necessary.

****For additional instructions fill in the back of this form and check this box** **