

PLEASE FILL OUT ONE FOR EACH CHILD

SUNDAY EVENING 6:00

2016-2017

FAMILY FAITH FORMATION OFFICE  
211 COOPER STREET, WOODBURY, NJ  
856-853-6681

EMERGENCY INFORMATION

STUDENT: \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_  
HOME CELL

E-MAIL ADDRESS: \_\_\_\_\_

LEARNING DISABILITY: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

I GIVE PERMISSION TO HAVE MY CHILD/CHILDREN'S PICTURES TAKEN.

I DO NOT GIVE PERMISSION TO HAVE MY CHILD/CHILDREN'S PICTURES TAKEN.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, IF I CANNOT BE REACHED AT THE ABOVE ADDRESS, YOU HAVE MY PERMISSION TO CONTACT THE FOLLOWING:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_