

FAMILY CRISIS NOTIFICATION Form

(B)

for **School Year: 2018—2019**

PARENT(S):

• Please complete this form where you prefer to be notified should a **CRISIS / EMERGENCY** situation occurs. If parents are unable to be reached, If it is impossible to contact the physician, the school may make the appropriate arrangements for the care of my child.

• **Only ONE contact will be notified.** Since this would be a **CRISIS / EMERGENCY** situation we will

NOT notify by email.

• We will only notify both parents if one parent is living at a different address than where the Student/s reside/s.

• Please notify the Parish School of Religion immediately should any of this Information change.

I authorize the school to call the physician indicated below and to follow the physician's instructions.

PLEASE PRINT CLEARLY and enter (P) for the primary contact

FAMILY Last Name _____

STUDENT Name _____

MAILING Address _____ City _____ Zip _____

Please indicate who will receive EMERGENCY communication with (P).

Father's Full Name _____

CONTACT PHONE# (TEXT OR VOICE) _____

Mother's Full Name _____

CONTACT PHONE# (TEXT OR VOICE) _____

ANOTHER AUTHORIZED PERSON TO CALL:

NAME _____

REALATIONSHIP _____

CONTACT PHONE (TEXT OR VOICE) _____

PHYSICIAN'S NAME _____

EMERGENCY PHONE NUMBER _____

PARENT/S SIGNATURE _____ **DATE** _____