

**St. Croix Valley Faith Formation
Emergency Information
2010-2011**

Emergency Contact (*other than self): _____

Contact Phone: _____

Doctor's Name: _____

Doctor's Phone #: _____

Doctor's Address: _____

*In the event of an emergency we will make every attempt to contact you first; however, if you cannot be contacted we would like an emergency name and number.

I hereby authorize that emergency treatment may be administered.

Signature of Parent(s)

Date

Print First and Last Name