

St. Bernard's Church - Youth Ministry Emergency Information

This form will be kept on file as is, unless notified and changed.

(Please Print)

Date: _____

Youth's name: _____ Home Phone #: _____

I am a (please circle) St. Bernard's parishioner or guest of _____

Home Address: _____

Parent's Names: _____

**(1) In case of emergency, please contact _____
(Name)**

at _____ or _____
(Home Phone Number) (Work Phone Number)

**(2) In case of emergency, please contact _____
(Name)**

at _____ or _____
(Home Phone Number) (Work Phone Number)

I give the Designated Supervisor of this event authority to have my son / daughter
_____ (Youth's Name) brought to a medical
facility for treatment in case of emergency.

INSURANCE NAME : _____

MEMBERSHIP NUMBER: _____

Please list any allergies: _____

(Please Print) Parent / Guardian's Name _____

Signature of Parent / Guardian _____