

FAITH FORMATION LEADER/CATECHIST EMERGENCY INFORMATION

This information is strictly confidential. Please sign and seal in envelope with your name on the front. The envelope will only be opened in case of emergency.

Name: _____ Date _____

Address: _____

Phone #: _____

Birthdate: _____

Primary Care Physician & Phone #: _____

Insurance carrier: _____

Medications you are taking: _____

Allergies: _____

General Health Conditions: _____

Preferred Ambulance Service: _____

Preferred Hospital: _____

Additional info that would be helpful in case of emergency: _____

Notify in Case of Emergency:

Name: _____

Name: _____

Phone _____

Phone _____

Relationship: _____

Relationship: _____

Who should we contact for alternate care for any dependent should you be incapacitated?

Name and phone: _____

I have voluntarily provided the above contact information and authorize the faith formation leader or parish representative to contact any of the above on my behalf in the event of an emergency.

Signature: _____

The personal information will be held in confidence with the following exception: under the Health Insurance Portability and Accountability Act (HIPPA) the parish representative may disclose Protected Health Information to a relative, friend or other person identified by you as indicated in your emergency contact, and may do so in an emergency situation when you are unable to agree or object, as long as the parish representative reasonably believes you would not object to the disclosure.