



St. Rita in the Desert  
Emergency Form

Please fill out the following information per child, in case of an emergency.

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Doctor and Phone Number: \_\_\_\_\_

In case of accident/emergency what hospital should child be taken to:

\_\_\_\_\_

Any other information that may be needed in case of an emergency:

\_\_\_\_\_



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Allergies: \_\_\_\_\_

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Mom's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Doctor and Phone Number: \_\_\_\_\_

In case of accident/emergency what hospital should child be taken to:

\_\_\_\_\_

Any other information that may be needed in case of an emergency:

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