



# Student Information ~ Emergency Card

## CONFIRMATION 2018-19

**Student Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Medical Concerns, Allergies, Etc.** (specify precautions or medically needed response if necessary)

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**People (other than parent/guardian) authorized to pick up child from confirmation class:**

1. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Special Instructions regarding pick up of child:** \_\_\_\_\_

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**Yes, I give my permission to publish photos. Sign here:** \_\_\_\_\_