

Emergency Contact Information

In the event a parent cannot be reached please call

1st Contact _____
Name Relationship to Child Phone #

2nd Contact _____
Name Relationship to Child Phone #

Name of Authorized People to pick-up your Child and relationship:

Name Relationship Name Relationship Name Relationship

My child is a walker Y/N If yes I authorize them to walk home on their own _____
Signature

Other Siblings in OLOL Religious Education Program Y/N

Name/Grade _____ Name/Grade _____

Name/Grade _____ Name/Grade _____

Parental/Student Agreement

I give my permission for Our Lady of Lourdes Church to post my child's picture on the parish website. I/We have reviewed the Parent/Student Handbook which is posted on OLOL's Parish website at: www.ololchurchnj.org

In the event of an emergency our choice of Hospital is: St. Peter's NB _____ RWJ _____ Other _____

I authorize Our Lady of Lourdes to transport my child to the hospital in an event of an emergency. OLOL will make every attempt to contact parent should my child need emergency attention.

Signature/Signatures Parent/Guardian DATE

Emergency Contact Number/Numbers