

Our Lady of the Valley

Religious Education Office

Faith Formation ~ Children

630 Valley Road
Wayne, NJ 07470
(973) 696-8307

EMERGENCY INFORMATION

Please Print

Student's Name _____
Last First

Grade _____ Birth Date _____

Address _____
Street
City

Phone _____ Beeper# _____ Cell Phone _____

Where can parents/guardian be reached if not at home?

Father/Guardian _____ Phone _____

Mother/Guardian _____ Phone _____

MEDICAL CONDITIONS/ALLERGIES _____

Family Doctor _____ Phone _____

In case of accident or serious illness, I request Our Lady of the Valley contact me. If unable to reach me, I hereby authorize them to call the physician indicated above and to follow the physician's instructions. If it is impossible to contact this physician, O.L.V. may make whatever arrangements seem necessary.

Signature of Parent or Guardian Date

If I cannot be reached at the above address and phone number, you have my permission to contact either of the following:

1. Name _____ Phone _____

Address _____ Relationship _____

2. Name _____ Phone _____

Address _____ Relationship _____

ALL FORMS MUST BE FULLY COMPLETED AND RETURNED TO THE RELIGIOUS EDUCATION OFFICE AT THE TIME OF REGISTRATION. Thank you.