

**C.Y.A.A. EMERGENCY FORM
OUR LADY OF MOUNT CARMEL SCHOOL**

Student Name _____ Class _____

Parent Contact: _____

Address _____

Primary Contact Number _____

Secondary Contact Number _____

If unavailable, contact: _____

DOCTOR TO BE CONTACTED IN CASE OF AN ACCIDENT:

Name _____ Phone _____

Address _____

Hospital Preference _____

Primary Insured's Name _____

Insurance Company Policy # _____

Group # (or other applicable info) _____

In case of an accident, may we choose a physician?

YES

NO

Signature

Date