

**Our Lady of Lourdes**

2019-2020 Emergency Procedure Card

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # (for text alerts) \_\_\_\_\_

Emergency Contact Person (Name and Phone #) \_\_\_\_\_

List of Allergies/Medical Problems:

List of Medications (Name, Dosage, Frequency)

Mass Most Attended (circle):    Sat. 4:30pm                      Sun. 8 am                      Sun. 10:30 am

What would your child like to participate in:

- |                    |                    |
|--------------------|--------------------|
| _____ usher        | _____ commentator  |
| _____ reader       | _____ cantor/choir |
| _____ gift bearers | _____ alter server |