

Date _____



Child Care Ministry INFORMATION FORM

Child's name _____ Date of birth _____ Age _____

Name of parent(s) _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Mother's cell phone _____ Mother's work phone _____

Father's cell phone _____ Father's work phone _____

E-mail address _____

Medications child is taking _____

Special medical problems/allergies (including food allergies) _____

Additional person to contact in case of emergency _____

Relationship _____ Phone _____ Cell/pager _____

If above person cannot be reached, please list an alternative contact _____

Relationship _____ Phone _____ Cell/pager _____

Child's physician _____ Phone _____

Child's dentist _____ Phone _____ Preferred hospital _____

Insurance Company _____ Policy No./Group No. _____

EMERGENCY TREATMENT AUTHORIZATION: In case of a medical emergency, I request the doctor/dentist/hospital staff contact the persons designated at the numbers provided. **In the event that none of these can be reached,** I grant permission for First Presbyterian Church to authorize the appropriate medical/dental/hospital personnel to render emergency medical or dental care as deemed appropriate.

I (we) agree to pay for the normal and customary charges of the hospital and for any treatment or medication received by said person. (Signatures of both parents are preferred, if possible.)

Signature

Date

Signature

Date

PLEASE COMPLETE OTHER SIDE OF THIS FORM

Names and phone numbers of those permitted to pick up your child: (Must present photo ID.)

1. Name _____ Phone(s) _____

2. Name _____ Phone(s) _____

3. Name _____ Phone(s) _____

4. Name _____ Phone(s) _____

5. Name _____ Phone(s) _____

Which church are you affiliated with? _____

May we take photos of your child for use in our classroom, bulletin boards, church newsletter and website?

(Children will not be identified by name.) Permission granted _____ Permission NOT granted _____

Please list any additional information that you would like us to know about your child:

How did you hear about our program?
