

EMERGENCY INFORMATION

Child's Name: _____ Sex: _____ Birthdate: _____

Address: _____ Home Phone: _____

Father's Name: _____ Business Phone: _____

Mother's Name: _____ Business Phone: _____

Emergency Contacts (if parents cannot be reached):

Name: _____ Phone: (h) _____ (w) _____

Address: _____

Name: _____ Phone: (h) _____ (w) _____

Address: _____

Name and Number of Family Physician: _____

Medical Insurance Company and Policy Number: _____

Does your child have any allergies (medication, food, insect bites, etc.)? _____

PARENT AGREEMENTS

Agreement I

In case of emergency, illness or accident, if we cannot reach the parent, guardian or emergency contact, the chaperone, doctor or hospital is authorized to administer first aid or emergency care.

Agreement II

In case of emergency, you have my permission to call my family physician or another physician when family physician or I cannot be reached, or to take my child to the emergency room of the nearest hospital, and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of my child.

Agreement III

I hereby release Grace United Methodist Church, the Weekday Educational Program and it's leaders from any and all liability in case of an accident or illness while attending any school activities.

Agreement IV

I hereby grant permission for my child's image or artwork to be used to promote the school program. No names will be used unless further permission is obtained.

I have read, understand and will adhere to all agreements.

Parent/Guardian Signature: _____ Date: _____