

Emergency Contact Information and Consent Form

Child's name: _____ Date of Birth: _____

Address: _____

Child resides with: _____ Mother _____ Father _____ Both Parents _____ Guardian

Mother or Guardian
Home Phone
Work Phone
Cell Phone
E-mail Address

Father or Guardian
Home Phone
Work Phone
Cell Phone
E-mail Address

Names of friends or relatives to call if you cannot be reached		
Name	Relation to Child	Phone #
Name	Relation to Child	Phone #

Doctor to be called in an emergency	Phone #
Insurance Company	Insurance Policy Number

Dentist to be called in an emergency	Phone #
Insurance Company	Insurance Policy Number

Preferred Hospital	Date of last DPT Shot
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Food or medication allergies	Special Health Conditions
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Current Medications

I hereby grant permission for Grace Christian Children's Center Staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's Physician
3. Attempt to contact a parent/guardian through any of the persons listed on the emergency information form you completed for us
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of the provider or a staff member.
5. Any expenses under number 4, above, will be borne by the child's family.

Parent/Guardian Signature _____ Date _____