



EMERGENCY CONTACT FORM

Child Name _____ DOB _____



Address _____

Parent Guardian 1

Name _____

Address _____

City _____ Zip _____

Home # _____

Cell # _____

Work _____

Email _____

Employer _____

Parent Guardian 2

Name _____

Address _____

City _____ Zip _____

Home # _____

Cell # _____

Work _____

Email _____

Employer _____

Allergies _____

Reactions _____

Treatment _____

Other Conditions _____

May we apply antiseptic on your child's minor injury if needed? (circle) YES / NO

Does this child have diet restrictions? _____

Language spoken at home _____

Additional persons (other than parents) that may be called in an emergency and are authorized to take your child home from MMO. Please indicate priority for emergency calls by order of listing

Name _____ Relationship _____

Home # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Cell # _____

PHYSICIAN AND DENTIST TO BE CALLED IN AN EMERGENCY

Physician _____ Phone # _____

Address _____

Medical Plan _____ Policy # _____

Dentist _____ Phone # _____

Address _____

Dental Plan _____ Policy # _____

IN CASE OF EMERGENCY AND PARENT CANNOT BE CONTACTED

As the parent/guardian, I give consent for CrossPointe Church's Mother's Morning Out to obtain all emergency medical/dental care prescribed by a licensed physician (MD) or dentist (DDS) for my child. This care may be given, under whatever conditions are necessary for the well being of my child.

Parent Signature _____ Date _____

Please give us any additional information that you feel may be helpful