

Grace Fellowship Church (GFC) Pre-School and MDO  
Emergency Information Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle  
Home Address: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Street City State Zip

Phone Number where you can be reached when child is in our care: \_\_\_\_\_

Other Emergency Contacts: The following information is requested in the event that you are not reachable at the above number. Please indicate below alternate local contacts:

- 1) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_
- 2) \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Dr. Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Dr. Address \_\_\_\_\_

**\*\*Please fill out the Separate Health Record Form so that we have health-related information on your child for reference in any emergency scenario.**

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:** In the event that I cannot be reached I authorize the Director or person in charge to obtain emergency medical care and to make arrangements for emergency medical transportation. I authorize the facility director or person in charge to call for emergency transport of my child and will pay all costs involved.

I give consent for GFC to secure any and all necessary emergency care for my child:

\_\_\_\_\_  
Signature – Parent or Legal Guardian      Date \_\_\_\_\_