

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** _____