

Please print
Use back for additional children

Today's Date: _____

Family Last Name: _____

Family Home Address: _____ City: _____ ST: _____ Zip: _____

Mother: Name _____ Home Phone _____

Cell Phone _____ Email _____

Father: Name _____ Home Phone _____

Cell Phone _____ Email _____

Family Physician Name: _____ Phone Number: _____

Hospital Preference: _____ Insurance Provider: _____

I give my permission to the staff (or program teachers) of East Boulder Baptist Church to obtain emergency treatment including transportation by emergency vehicles and the services of licensed medical personnel for the below named children.

Signature _____ Date _____

Child will be brought to church by:

Both Parents: _____ Mother: _____ Father: _____ Another Adult (If so please complete below): _____

If children are brought by someone other than a parent, please complete the following:

Name _____ Home Phone _____ Cell _____

(relationship) _____ Email _____

Additional information we should know: _____

Please complete child information below. Name additional children on back of form.

Child 1

Child's Full Name: _____ Sex: Male Female

Nickname: _____ Child's Birthday: _____ Age: _____

Child is allergic to: _____

Health Information: List any health conditions, disabilities, allergies, learning behaviors, notes: _____

Child 2

Child's Full Name: _____ Sex: Male Female

Nickname: _____ Child's Birthday: _____ Age: _____

Child is allergic to: _____

Health Information: List any health conditions, disabilities, allergies, learning behaviors, notes: _____

Child 3

Child's Full Name: _____ **Sex:** *Male Female*

Nickname: _____ **Child's Birthday:** _____ **Age:** _____

Child is allergic to: _____

Health Information: List any health conditions, disabilities, allergies, learning behaviors, notes: _____

Child 4

Child's Full Name: _____ **Sex:** *Male Female*

Nickname: _____ **Child's Birthday:** _____ **Age:** _____

Child is allergic to: _____

Health Information: List any health conditions, disabilities, allergies, learning behaviors, notes: _____

Child 5

Child's Full Name: _____ **Sex:** *Male Female*

Nickname: _____ **Child's Birthday:** _____ **Age:** _____

Child is allergic to: _____

Health Information: List any health conditions, disabilities, allergies, learning behaviors, notes: _____
