



CHILD INFORMATION RECORD:

Full Name: _____ Preferred Name: _____

Parent/Guardian Name(s): _____

Parent/Guardian with whom the child resides: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Child's DOB: _____

OTHER PERSONS AUTHORIZED TO PICK-UP CHILD:

Name: _____

Relationship to Child: _____ Phone Number: _____

Name: _____

Relationship to Child: _____ Phone Number: _____

Name: _____

Relationship to Child: _____ Phone Number: _____

LOCAL PERSON(S) TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIAN):

Name: _____

Relationship to Child: _____ Phone Number: _____

Name: _____

Relationship to Child: _____ Phone Number: _____

I GIVE PERMISSION TO CALVARY BIBLE CHURCH TO SECURE EMERGENCY AND/OR SURGICAL TREATMENT FOR THE ABOVE NAMED MINOR CHILD WHILE IN CARE.

Name of Child's Physician/Health Clinic: _____

Physician/Health Clinic's Phone Number: _____

Hospital Preferred for Emergency Treatment: _____

Name of Health Insurance Carrier: _____

Health Insurance Policy Number: _____

Food Allergies: _____

Other Allergies: _____

Special Needs: _____

I understand that in case of accident or injury to my child I will be notified immediately. If any of the above information changes, I will notify the church.

Parent/Guardian Signature: _____ Date: _____