

FAIR GROVE UNITED METHODIST CHURCH EARLY DAY OUT REGISTRATION

Last Name

First Name

Middle Name:

Nickname:

Birth Date:

Grade:

NAMES OF SIBLINGS & BIRTH DATES:

PARENTS OR GUARDIANS

(1) Last Name:

First Name:

Relationship to Child:

Address:

City:

Zip:

Cell Phone:

Home Phone:

Work Phone:

Employer:

E-Mail:

(2) Last Name:

First Name:

Relationship to Child:

Address:

City:

Zip:

Cell Phone:

Home Phone:

Work Phone:

Employer:

E-Mail:

OTHER EMERGENCY CONTACT

Name:

Relationship to Child:

Home Phone:

Work Phone:

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name

Address

Phone

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A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor

Office Phone

Address

City:

Postal Code

Medical Ins. #

Child's Personal ID#:

Allergies:

Medical Problems:

Medication:

EMERGENCY CONSENT:

It is the policy of Fair Grove United Methodist Church to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. We will transport to hospital of choice if possible, if not then to the closes emergency center.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____
WHEN ILL/INJURED; TO BE TAKEN TO _____ OR THE NEAREST
EMERGENCY CENTER BY THE STAFF OF FAIR GROVE UNITED METHODIST CHURCH
WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO
TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS
INCURRED FOR TRANSPORT.

Parent/Guardian Signature

Parent/Guardian Signature

Date:

Date: