**Living Word Chapel After School Program**

**Emergency Information Card**

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| --- | --- | --- |
| **Child’s name:** | **Date enrolled:** | **Updated:** |

**Physical address: Mailing address:**

|  |  |  |
| --- | --- | --- |
| **Home phone:** | **Date of birth:** | **Sex at birth** **Male Female** |
| **Mother or Guardian Name:** | **Cell phone** | **Home phone** |
| **Father or Guardian Name:** | **Cell phone** | **Home phone** |

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

|  |  |
| --- | --- |
| **Name:** | **Phone** |
| **Relationship to my child:** |  |
| **Name:** | **Phone** |
| **Relationship to my child:** |  |

The following individuals may not remove my child from the facility

|  |
| --- |
| **Name:** |

If medical care is necessary, CALL

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor** | **Name:** | **Address** | **Phone** |
| **Hospital** | **Name:** | **Address** | **Phone** |

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| **In case of sudden emergency, I request this individual be called first:** |
| **Does your child have insurance coverage? Y N Name of Insurance Company****ID # Name of insured:** |
| **Is your child allergic to food or other substances? Y N****If yes, please describe** |
| **Other special instructions** |
| **I hereby give authority to any doctor or hospital to render immediate aid to my child as might be required at the time for his/her health or safety. I understand that the expense of this service is my responsibility.** |

**The emergency information is accurate and complete, and was provided by**

|  |  |  |
| --- | --- | --- |
| **Parent/guardian printed name** | **Signature** | **Date** |