

Child Information Form

Childs Name _____

Date of Birth _____

Parents Names _____

Address _____

Home Phone _____

Cell Phone: Mother _____ Father _____

Pager _____

Alternate Contact (friend/family) _____ Phone _____

Childs Physician _____

Physician address/phone _____

Insurance Company _____

Policy # _____ Group # _____

Preferred Hospital _____

Food/Drug allergies _____

Any special circumstances, medical conditions or needs we should be aware of

****Please fill out Medical Authorization on other side****

Medical Authorization

I / We _____ Parent/

Guardian of _____

Date of Birth _____ do

herby give permission and or consent to St Lukes' united Methodist Church and its representatives of the Parent Night Out program to secure and authorize such emergency medical care and or treatment as above child might require while under the care and supervision of Parents Night Out. I further authorize that medical treatment be administered as needed until medical assistance arrives or is available. I also agree to pay the entire costs and fees contingent on any emergency medical care and or treatment for said child as secured or authorized under their consent.

Every effort will be made to notify parents IMMEDIATELY in case of an emergency.

Signature _____ Date _____

Signature _____ Date _____