

# CHURCH <sup>OF</sup> THE KING

## Emergency Card 2020-2021

<b>Child's Name:</b>			<b>Name Used/ Nickname:</b>	<b>Date of Birth:</b>
<b>Last</b>	<b>First</b>	<b>Middle</b>		
<b>Sex:</b> Circle one <b>M</b> <b>F</b>	<b>Date of Admission:</b>		<b>Child lives with:</b> Circle Primary <b>Mother</b> <b>Father</b> <b>Both</b> <b>Other</b>	
<b>Child's Home Address:</b>				
Street		City, State		Zip
<b>Mother's Name/Guardian's Name:</b>		<b>Home Number</b>	<b>Cell Number</b>	<b>Other Number</b>
<b>Home Address:</b>				
Street		City, State		Zip
<b>Mother's Work:</b>		<b>Phone Number</b>	<b>E-mail:</b>	
<b>Father's Name/Guardian's Name:</b>		<b>Home Number</b>	<b>Cell Number</b>	<b>Other Number</b>
<b>Home Address:</b>				
Street		City, State		Zip
<b>Father's Work:</b>		<b>Phone Number</b>	<b>E-mail:</b>	
<b>Physician's Name:</b>		<b>Office Number:</b>		
<b>Dentist's Name:</b>		<b>Office Number:</b>		
<b>Please list any medical conditions, allergies, or special needs of your child including food allergies:</b>				
<p>I give permission that my child, _____, may be given first aid/emergency treatment by the staff of Church of the King. In the event that I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, or hospital when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance to an emergency center for treatment.</p>				
<b>Parent Signature:</b> _____				<b>Date:</b> _____

**Emergency Contact and Third-Party Release:** Please complete all information for each individual.

<b>Name No. 1</b>		<b>Relationship</b>
<b>Home Number</b>	<b>Cell Number</b>	<b>Other Number</b>
<b>Name No. 2</b>		<b>Relationship</b>
<b>Home Number</b>	<b>Cell Number</b>	<b>Other Number</b>
<b>Name No. 3</b>		<b>Relationship</b>
<b>Home Number</b>	<b>Cell Number</b>	<b>Other Number</b>
<b>Name No. 4</b>		<b>Relationship</b>
<b>Home Number</b>	<b>Cell Number</b>	<b>Other Number</b>

**Custody Issues:** Without a copy of a court order, we will assume that both parents have custody of the child. If there is custody paperwork, which might involve the school, please give us any necessary information. Specific custody restrictions must be verified by providing the school a copy of the COURT ORDER.

**THIRD PARTY RELEASE:**

In case of emergency, I give permission for any of the individuals listed above to be contacted and my child may be released to them. By showing proper photo identification, the following individuals are authorized to pick up my child from Church of the King Mother's Day Out Program any time during the school year. It is the responsibility of the parent/guardian to maintain and update the authorized names on this release accordingly.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form will need to be completed each year.