Kid's LIFE Christian Preschool
Life Fellowship of Frederick
451 Oak Street, Suite 100
Frederick, CO 80530
Director: Kandis Osborn 720-443-1160
Church website: lifefrederick.org
Email: Kidslife@lifefrederick.org

Emergency Contact Form 2018-2019

Please use black or blue ink when filling out this form.

STUDENT NAME: _____ AGE: _____

DATE OF BIRTH: _____ / _____/_____ HEIGHT: _____ WEIGHT: _____ GENDER: _____

PARENT #1: _____ PARENT #2: _____

EMERGENCY CONTACT NAME _____ **RELATIONSHIP** _____ **PHONE #** _____

ADDRESS _____ **CELL #** _____

AUTHORIZATION TO PICK UP (LIST THREE NAMES OF THOSE APPROVED TO PICK UP YOUR CHILD)

NAME _____ **PHONE #** _____

ADDRESS _____

NAME _____ **PHONE #** _____

ADDRESS _____

NAME _____ **PHONE #** _____

ADDRESS _____

PLEASE CHECK ILLNESSES CHILD HAS HAD:

IS YOUR CHILD TAKING ANY DAILY PRESCRIBED MEDICINES? __YES __NO IF YES, EXPLAIN _____

_____

_____

MY CHILD IS ALLERGIC TO: _____

_____

LIST ANY SURGERY'S, ACCIDENTS, CHRONIC ILLNESSES, OR SPECIAL PROBLEMS _____

_____

_____

_____

PREFERRED HOSPITAL _____ PHONE # _____

ADDRESS _____

PHYSICIAN NAME _____ PHONE # _____

ADDRESS _____

MEDICAL INSURANCE CARRIER _____ POLICY # _____

DENTIST NAME _____ PHONE # _____

ADDRESS _____

I ATTEST THAT ALL INFORMATION ON THIS FORM IS ACCURATE AND GIVE COMPLETE CONSENT TO THE STAFF OF KID'S LIFE/LIFE FELLOWSHIP CHURCH TO TAKE SUCH ACTION (EVEN ADMITTANCE TO A HOSPITAL) AS THEY DEEM NECESSARY IN CASE MY CHILD NEEDS MEDICAL ATTENTION WHETHER ON OR OFF CAMPUS.

PARENT/GUARDIAN SIGNATURE: DATE: