

JUDSON WEEKDAY MINISTRY CHILD EMERGENCY INFORMATION

Child's Name: _____ Birthday: _____
Last First Middle

Mother's Name: _____ Home #: _____

Father's Name: _____ Home #: _____

Address: _____
Street City Zip

In case of emergency, best numbers to reach parent or guardian:

Mother: Cell #: _____ Work #: _____ Email: _____

Work Location: _____

Father: Cell #: _____ Work #: _____ Email: _____

Work Location: _____

Relative or friend authorized to act in case of emergency:

1. _____
Name Phone Address

2. _____
Name Phone Address

Persons who may pick up your child: _____

Transportation Agreement: (Please circle the option that will most often occur)

Prior to school the student will be at: Home Friend's Grandparent's Babysitter's Other: _____

The student will travel to school via: Personal Car Friend's Car Grandparent's Car Other: _____

The student will depart school via: Personal Car Friend's Car Grandparent's Car Other: _____

After school the student will go to: Home Friend's Grandparent's Babysitter's Other: _____

Physician: _____ Phone: _____

Preferred Hospital: _____

I do hereby authorize emergency medical care for my child:

Parent Signature