

Date: \_\_\_\_\_

**Douglas First United Methodist Church - Child's Identification Record**

Child's full legal name Preferred name DOB

Address City State Zip M / F Gender

Church Membership of Father

Church Membership of Mother

**Father's Information:**

Name: \_\_\_\_\_ Personal Number: \_\_\_\_\_

Place of Employment

Phone at Employment

**Mother's Information:**

Name: \_\_\_\_\_ Personal Number: \_\_\_\_\_

Place of Employment

Phone at Employment

**\*LEGAL GUARDIAN (If different from father or mother):**

Legal Guardian of Child Relationship to Child Phone Number

Address of Legal Guardian City State Zip

**OTHER HOUSEHOLD MEMBERS (include siblings):**

Adults: \_\_\_\_\_

Children and Ages: \_\_\_\_\_

**MEDICAL INFORMATION:**

Does your child have or ever had any of the following? (Check all that apply)  
Surgery, serious illness, allergies, convulsions, accidents, burns, other: (if yes, please explain-List all allergies)

**INSURANCE INFORMATION:**

Name of Insurance: \_\_\_\_\_ GROUP #: \_\_\_\_\_

ID #: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

\*If I am not available, and a medical emergency arises, the supervising adult has my permission to contact the Coffee Regional Medical Center.

\*I give permission for my child to have their picture taken and posted on church websites.

\*I agree that all information above is correct to the best of my memory, and I will promptly notify DFUMC of any changes that might arise.

\*I give permission for the following people to be notified in the event of an emergency (list more on back if room is needed):

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Parent/Guardian Signature **X:** \_\_\_\_\_