

EMERGENCY FORM

PLEASE PRINT INFORMATION

CHILD'S NAME _____

CHILD'S CLASS _____

DAD'S NAME _____

DAD'S WORK ADDRESS (BUILDING)

DAD'S HOME # _____ **DAD'S WORK #** _____

DAD'S E-MAIL _____ **DAD'S CELL #** _____

MOM'S NAME _____

MOM'S WORK ADDRESS (BUILDING) _____

MOM'S HOME # _____ **MOM'S WORK #** _____

MOM'S E-MAIL _____ **MOM'S CELL #** _____

PLEASE LIST 4 PEOPLE AND THEIR PHONE NUMBERS WITH WHOM YOUR CHILD MAY BE RELEASED TO DURING THIS TIME. (THESE PEOPLE NEED TO BE CLOSE TO CLCC SO WE ARE ABLE TO REACH THEM QUICKLY.)

1. _____

2. _____

3. _____

4. _____

WHAT ALLERGIES OR MEDICAL CONDITIONS DOES YOUR CHILD HAVE?

CHRIST LUTHERAN CHILDREN'S CENTER HAS MY PERMISSION TO USE ANY MEANS NECESSARY TO PROTECT, HELP OR AID MY CHILD IN ANY EMERGENCY SITUATION THAT MIGHT OCCUR.

PARENT'S SIGNATURE **DATE**