

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

## Emergency Card 2022-2023

<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>Date of Withdrawal:</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>				
<b>Father's Work:</b>		<b>Phone Number</b>	<b>E-mail:</b>	
<b>Emergency Contact Person's Name:</b>			<b>Home Number</b>	<b>Cell Number</b>
Name			Relationship	
<b>Emergency Contact Person's Name:</b>			<b>Home Number</b>	<b>Cell Number</b>
Name			Relationship	
<b>Emergency Contact Person's Name:</b>			<b>Home Number</b>	<b>Cell Number</b>
Name			Relationship	
In case of emergency, I give permission for any of the above individuals to be contacted and my child may be released to them. I also give permission to have my child transported to the nearest hospital if necessary.				
<b>Parent Signature:</b> _____			<b>Date:</b> _____	

<b>Physician's Name:</b>	<b>Office Number:</b>
<b>Dentist's Name:</b>	<b>Office Number:</b>

**Please list any medical conditions, allergies, or special needs of your child including food allergies:**

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 can not be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be preformed 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.

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

**Custody Issues:** Without a copy of a court order, we will assume that both parents have custody of the child. If there are problems of custody, 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. In some cases, we reserve the right to limit pick-up authorization to biological family only.

**THIRD PARTY RELEASE:**

My child has permission to be released to the following individuals. **Please complete all information for each individual.**

The following, with proper photo identification, 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.

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

This form will need to be completed each year.