

**CENTRAL BAPTIST CHURCH
EMERGENCY INFORMATION CARD**

Child's Name _____ Birthdate _____

Address _____ Zip _____ Home Phone _____

Father's Name _____ Home Phone _____ Cell _____

Address _____ Zip _____

Employer _____ Work Phone _____

From To

Employer Address _____ Work Hours _____

Mother's Name _____ Home Phone _____ Cell _____

Address _____ Zip _____ Home Phone _____

Employer _____ Work Phone _____

From To

Employer Address _____ Work Hours _____

Parent/Guardian with whom the child resides _____

Emergency Contact (local friend/relative) _____

_____ Phone _____

_____ Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Existing Health Conditions or Restrictions _____

Any Allergies? _____

Any regularly prescribed medication? _____

Person/Persons Authorized to pick up child _____

I understand that in case of accident or injury to my child I will be notified immediately. If my child requires emergency medical care, the CBC Preschool Director/Teacher has my permission to sign for the above named child to receive emergency treatment.

If any of the above information changes, I will notify the school.

Signature of Parent/Legal Guardian _____ Date _____