

EMERGENCY CONTACT INFORMATION

I, _____, am the parent or legal guardian for

(Child's name)

(Child's age)

(Child's name)

(Child's age)

(Child's name)

(Child's age)

If I leave the church while my child(ren) are in the nursery or at Sunday School, I can be reached at the following telephone number: _____

If I am not available in case of emergency, please contact the following person:

Primary Emergency Contact

Name: _____

Phone Number: _____

Relationship to child: _____

Back-Up Emergency Contact

Name: _____

Phone Number: _____

Relationship to child: _____

If it is necessary for my child to receive emergency medical care in my absence, I authorize transportation to: Buchanan County Health Center
(if you prefer a different medical facility, list it below and cross off BCHC)

Please list any allergies: _____

Signed, _____

Date: _____