

**Kiddie Kare
Child Care Ministry**

A Ministry of the Winona Lake Free Methodist Church
Child Care Emergency Contact Information and Consent Form

Child's Full Name: _____

Nickname (Name staff will use): _____

Date of Birth: _____

Grade: _____

Parent/Guardian Name (1st Contact): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent/Guardian Name (2nd Contact): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contacts

(Persons to whom child may be released if guardian is unavailable)

1st Contact Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2nd Contact Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Child's Source of Medical Care

Physician's Name: _____

Address: _____

Phone: _____

Dentist's Name: _____

Address: _____

Phone: _____

Child's Health Insurance

Name of Insurance Plan: _____

ID#: _____

Subscriber's Name (on insurance card): _____

Special Conditions, Disabilities, Allergies (food or other), and other medical information we need to be aware of: _____

Parent/Guardian Consent and Agreement for Emergencies

As Parent/Guardian of _____, I consent to have my child receive first aid by faculty/staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature _____

Date _____

Relationship to child _____