

**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 (1<sup>st</sup> Contact):** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Parent/Guardian Name (2<sup>nd</sup> Contact):** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contacts**

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

**1<sup>st</sup> Contact Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**2<sup>nd</sup> 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:** \_\_\_\_\_

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### 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 \_\_\_\_\_