

Little Angels - Student Emergency Form
School Year 2018-2019

Child's Name _____ Class _____ Date of Birth _____

Parents' Names _____

Address _____

Phone Numbers:

Home _____ Other _____

Mom Work _____ Dad Work _____

Mom Cell _____ Dad Cell _____

Emergency Contacts (in case parents cannot be reached):

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

People (not including parents) with whom child may leave Little Angels regularly:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

People with whom child may leave occasionally (such as in an emergency situation):

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Medical Information:

Child's Doctor _____ Phone _____

Hospital Affiliation _____

Allergies _____

Health Problems _____

Medications _____

Insurance Company _____ Policy Number _____

Name of Insured _____

In case of emergency, every effort will be made to contact a parent or emergency contact. However, if unable to contact, I give permission to Good Shepherd UMC and Little Angels staff to perform CPR if needed and to secure the services of a licensed physician to provide the care necessary, including anesthesia or call an ambulance, for my child's well being.