All Saints' Episcopal Church Children's Ministry

EMERGENCY CONTACT FORM

CHILD INFORMATION

Childs Name: _____ Birthday: ____ / ____ / _____

Home Address: _____

PARENT INFORMATION

Parent or Guardian #1

Name: _____

Phone Numbers: *Home* _____ *Cell* _____

Email Address: _____ Home Address: _____

Place of Employment: _____ Department: _____

Parent or Guardian #2

Name: _____

Phone Numbers: *Home* _____ *Cell* _____

Email Address: _____ Home Address: _____

Place of Employment: _____ Department: _____

EMERGENCY CONTACT NUMBERS

Contact #1

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #2

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

All Saints' Episcopal Church Children's Ministry

EMERGENCY CONTACT FORM

Contact #3

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

Contact #4

Name: _____

Phone Numbers: *Home* _____ *Cell* _____ *Work* _____

CHILD'S MEDICAL INFORMATION

Physician's Name: _____ Contact Number(s): _____

Address: _____

Preferred Hospital: _____ Address: _____

Preferred Dentist: _____ Address: _____

Medications, Disabilities, Allergies, or Medical Information for Emergency Situations:

_____

_____

_____

_____

HEALTH INSURANCE INFORMATION

Name of Insurance Company: _____

Insurance Plan: _____

Certificate Number (or ID): _____ Group Number: _____

Policyholder's Name: _____

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EMERGENCY CONTACT FORM

PARENT/LEGAL GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As a parent/guardian, I authorize facility staff to administer first aid to my child and to transport my child to a hospital if necessary. In the event that the charges are not covered by insurance, I will be responsible for them. [If any changes occur], I agree to review and update this information.

Date: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____

Reviews

Review Date: _____ Review Date: _____ Review Date: _____

Photo Release Form

In the course of Children's Formation and other activities, All Saints' staff, volunteers, and/or the news media occasionally wish to interview, photograph, or videotape youth, and/or make public their names, work, or likeness in print, on television, radio, or by electronic means such as the internet. This includes but is not limited to the All Saints' Website, Facebook, Youtube, Instagram, and the clips to be used on a Youth Sunday. Please indicate below your preference to have your child published in the media. (All Saints' cannot control media coverage of events that are open to the public.)

Yes _____

No _____

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____