

Highland Park Presbyterian Church
Child Care Program

Emergency Medical Information Form

In order to protect your child in case of a medical emergency, please provide the following information.

- 1) Child's Name: _____ DOB _____
- 2) Parent's Name: _____
Address: _____

Telephone numbers where you may be reached:

Home: () _____

Business: () _____

Mobile/Pager: () _____

Child's Physician: _____

Telephone #: () _____

Insurance Information: _____

- 3) If parent cannot be reached, we will try to contact another relative or friend.

Name: _____ Relationship: _____

Address: _____ Telephone #: () _____

Name: _____ Relationship: _____

Address: _____ Telephone #: () _____

PLEASE LIST ANY ALLERGIES: _____

- 4) In the case of sudden illness or accident to _____
I hereby authorize a representative of the Highland Park Presbyterian Church to refer the child to the above mentioned physician.

- 5) In the event of injury, a representative of the HPPC is free to transport the child to the following preferred hospital.

Hospital

Signature of Parent or Guardian

Date

Publicity Release Form (Optional)

The undersigned, being the parent(s) or guardian(s) of _____
do hereby give permission for him/her to be featured in any and all of Highland Park Presbyterian Church's promotional materials. I understand and consent to the use of my child's name and/or photograph to be used in HPPC's promotional materials including, but not limited to newsletters, brochures, video, and the Church's website.

Signature

Date

***PLEASE ATTACH A COPY OF YOUR CHILD'S
IMMUNIZATION RECORD TO THIS FORM.***