

# Child Information & Emergency Contact

*Please fill out one form per family.*

Last Name: \_\_\_\_\_ Name(s) of Child(ren): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_

Parents Marital Status: Single Married Divorced Separated Widowed

If parents are divorced, which parent has custody? Mother Father Joint Other  
If "other" please explain \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Ph.#: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Ph.#: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

If the need arises, which parent should be contacted first? Mother Father

Child's Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide information on two individuals to whom you authorize your child(ren)'s release.

Name:		Name:	
Day Phone #:		Day Phone #:	
Home #:		Home #:	
Cell #:		Cell #:	

Please list any medical conditions or allergies for your children:

	Name	Date of Birth	Condition or Allergy
Child #1			
Child #2			
Child #3			
Child #4			

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The following must be signed by a parent or legal guardian.

***I authorize Trace Creek Baptist Church to seek and obtain treatment for the  
aforementioned minor(s) by a qualified and licensed medical practitioner in the event of  
a medical emergency.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to minor \_\_\_\_\_