



Original Date: _____
Revised Date: _____
Revised Date: _____
Revised Date: _____
Revised Date: _____

Emergency Information

Child's Information

Full Name: _____

Birthdate: _____

Allergies: _____

Reaction to Allergies: _____

Mother's Information

Name: _____

Phone Number: _____

Father's Information

Name: _____

Phone Number: _____

Authorized Pick up People, Phone number and Relationship

Medical Information

Dr. _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Preferred Hospital _____

I give consent for Gethsemane Lutheran to secure necessary emergency medical care for my child and I will be responsible for all charges incurred.

Parent or Legal Guardian signature _____