

Alternate people to be notified in case of an emergency (may also pick up child if necessary):

Name	Relationship	Phone Number

Additional people who might pick up my child, if necessary:

Name	Relationship	Phone Number

In case child must be taken to the closest emergency room:

Name & Home Address of Insured:	Name & Address of Insurance Company:
Policy Number:	

Name & Address of Child's Physician:	Does child take any medication on a regular basis? (If yes, please list.)

We do hereby authorize Calvary Baptist Church to use their judgment in seeking treatment for this child in case of an emergency.

Parent/Guardian Signature: _____

I give permission to have my contact information released to other parents in my child's classroom, i.e. a class directory. This will be helpful for class parties, playgroups, etc.

Yes No Parent/Guardian Signature: _____

I give permission for my student's photograph to be seen in general class pictures to be used in school materials.

Yes No Parent/Guardian Signature: _____