

FIRST PRESBYTERIAN CHILDREN'S CENTER
EMERGENCY IDENTIFICATION AND RELEASE

Child's Name: _____

Medical concerns or allergies: _____

Parent/Legal Guardian 1: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Parent/Legal Guardian 2: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Out-of-state Emergency Contact:

Name: _____ Phone: _____

Authorized emergency pick-up:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

