

Little Angels - Student Emergency Form  
School Year 2019-2020

Child's Name \_\_\_\_\_ Class \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Other \_\_\_\_\_

Mom Work \_\_\_\_\_ Dad Work \_\_\_\_\_

Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Emergency Contacts (in case parents cannot be reached):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

People (not including parents) with whom child may leave Little Angels regularly:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

People with whom child may leave occasionally (such as in an emergency situation):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Medical Information:

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Allergies \_\_\_\_\_

Health Problems \_\_\_\_\_

Medications \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

In case of emergency, every effort will be made to contact a parent or emergency contact. However, if unable to contact, I give permission to Good Shepherd UMC and Little Angels staff to perform CPR if needed and to secure the services of a licensed physician to provide the care necessary, including anesthesia or call an ambulance, for my child's well being.