

**Faith Community Church Nursery Ministry
Emergency Contact and Medical Information**

(Please complete on form for each nursery age child in your family.)

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
()	()	()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Cell Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Cell Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		
<hr/> <p>E-mail Address</p>	<hr/> <p>E-mail Address</p>		

Alternative Contacts (Please include contact information of anyone besides a parent that brings this child to church)

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Home Phone</p>
<hr/> <p>Cell Phone</p>	<hr/> <p>Cell Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>
<hr/> <p>E-mail Address</p>	<hr/> <p>E-mail Address</p>

Medical and Allergy Information

Please list any medical concerns or special needs your child has (Seizures, asthma, difficulty hearing, allergies)

Physician's Name	Phone Number
ANIMAL CRACKERS GOLFISH CHEERIOS CHOCOLATE ANIMAL CRACKERS NONE	

Circle any items above your child is NOT able to eat for snacks (if child is too young for snacks, circle "none")

Any additional information we may need to know about your child?

- By signing this document I verify that...
- I have received a copy of the nursery ministry's parent manual and have/plan to read through the manual.
 - I understand that I am not to leave the church premises while my child is in the nursery.
 - I understand that I am responsible for obtaining a pager when dropping my child off in the nursery on Sunday mornings. In order for anyone to pick up my child, I understand that my pager must be returned. This is a safety measure to make sure only authorized guardians take children from the nursery.
 - I am responsible for notifying the Nursery Director or the Nursery Coordinator of any changes to my child's health information or food allergies that might affect his/her time in the nursery.

Parent's/Guardian's Signature	Date
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