



Emergency Contact and Medical Information

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____			_____		
Parent's/Guardian's Name			Parent's/Guardian's Name		
_____		_____		_____	
Cell Phone	Work Phone	Cell Phone	Work Phone		
_____			_____		
Email			Email		
_____			_____		
Address			Address		
_____			_____		
City, State ZIP Code			City, State ZIP Code		

Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City, State ZIP Code		City, State ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name Phone Number

Allergies/Special Health Considerations

I release Asbury United Methodist Church and individuals from liability in case of accident during activities related to Asbury United Methodist Church, as long as normal safety procedures have been taken.

_____	_____
Parent's/Guardian's Signature	Date