



Resurrection Child Development Emergency Care & Consent Form

Student Name _____ Goes by _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Child's Birth Date _____ Gender: M _____ F _____

PLEASE PRINT LEGIBLY

Father (Guardian)

Mother (Guardian)

Name _____

Name _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Email Address _____

Email Address _____

Child Lives with (Mother____) (Father____) (Both____)

MEDICAL INFORMATION

My child has the following allergies and /or condition: _____

PLEASE NOTE CARE THAT WILL BE REQUIRED

Physician _____ Address _____

Physician Phone _____ Medical Record # _____

SIBLINGS

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

IN EMERGENCY WHO IS THE FIRST CONTACT

1. Guardian Name _____ Phone _____ Phone _____

2. Guardian Name _____ Phone _____ Phone _____

CONSENT

As the parent, agency representative or legal guardian, I hereby give consent to Resurrection Lutheran Child Development Program to provide **Sunscreen** for my child

Parent/Guardian Signature X _____ Date _____

As the parent, agency representative or legal guardian, I hereby give consent to Resurrection Lutheran Child Development Program to use my child's photo and/or video for:

- Classroom YES () NO ()
- Public-Website, Facebook, Events (**WE DO NOT PUBLISH NAMES**) YES () NO ()

Parent/Guardian Signature X _____ Date _____