

# FBC Kindergarten Emergency Information

*School Year 2011-2012*

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Medical conditions/Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Release

I certify that this is a medical release form that First Baptist Church Kindergarten Personnel may use in the event that my child may require emergency medical care while at school.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Please notify the director if any of this information changes.\*

