

**Union Cross Moravian Church
Out of school care/ Summer Camp
Child information Sheet**

Child's First/ Last Name _____ Age: _____ Birth date _____
Address _____ Zip Code _____

In case of Emergency or Illness contact : _____ **at** _____ **number first.**

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____
Cell Phone _____ Email: _____
Address _____ Zip Code _____
Alternate phone number: if I can not be reached on my cell: _____

Mother/Guardian's Name _____
Cell Phone _____ Email: _____
Address _____ Zip Code _____
Alternate phone number: if I can not be reached on my cell: _____

Insurance Carrier _____ **Policy #** _____

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___ Explain: _____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

Name of child's doctor _____ Office Phone _____
Address _____
Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Phone _____ alternate Phone _____

If you cannot come for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent) (Date)