

Crossings Community Church
Mother's Day Out
Child Information/Medical Release Form

Child's Name: _____ Date of Birth: _____
Street: _____ City: _____ Zip: _____
Mother's Name: _____ Home: _____ Work: _____ Cell: _____
Father's Name: _____ Home: _____ Work: _____ Cell: _____
Home e-mail address: _____

Explain any special routine or item (blanket, pacifier, teddy, etc.) your child prefers for rest time:

Does your child have any physical limitations?

Does your child take any medications regularly?

List **all** known allergies:

Give full names of other adults authorized to pick up your child:

1. _____ Relationship: _____
2. _____ Relationship: _____

In the event of illness or emergency, if parents cannot be reached, call:

Name: _____ Phone: _____
Name: _____ Phone: _____

ACKNOWLEDGMENT

I have received, read, and understand the policies, guidelines, and tuition arrangements as set forth in the Crossings Community Church, Mother's Day Out-Parent Handbook, and agree to comply with said policies.

Signed: _____ Date: _____

MEDICAL RELEASE

I, _____, give my permission and the authorization for emergency medical treatment for my child, _____, to staff members of Crossings Community Church-Mother's Day Out should an emergency occur in my absence, while under their care. I will assume all costs of said medical attention.

Signed: _____ Date: _____

