



weekday school
DILWORTH UNITED METHODIST CHURCH

Emergency Contact Information Form

Child's Name: _____ Birth Date: _____

Home Address: _____

City _____ State _____ Zip _____

Primary Phone Number _____

Email Address _____

Mother's Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Father's Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Any known allergies? Please specify: _____

Any known medical problems? Please specify: _____

Emergency Name and Number: _____

Physician's Name/Group: _____

Address: _____

Phone Number: _____

People authorized to pick up my child:

Name: _____

Phone: (Home)_____ (Work)_____ (Cell)_____

Relationship to child: _____

Name: _____

Phone: (Home)_____ (Work)_____ (Cell)_____

Relationship to child: _____

Name: _____

Phone: (Home)_____ (Work)_____ (Cell)_____

Relationship to child: _____

Name: _____

Phone: (Home)_____ (Work)_____ (Cell)_____

Relationship to child: _____

Name: _____

Phone: (Home)_____ (Work)_____ (Cell)_____

Relationship to child: _____

Parent Signature: _____

Staff cannot permit a child to leave with anyone not authorized by the parent or guardian signing this form. If a change is necessary, the parent MUST provide a written notice.