



Child/Nursery Health Information Form

This agreement should be reviewed and approved by your attorney prior to use.

Participant Information

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Telephone number: home _____ work _____ cell _____

Parent/Guardian Name: _____

Telephone number: home _____ work _____ cell _____

Emergency Contact (if other than above parents/guardians):

Name #1: _____ Relationship: _____

Telephone number: home _____ work _____ cell _____

Name #2: _____ Relationship: _____

Telephone number: home _____ work _____ cell _____

Medical Care Contacts

Physician's Name: _____

Address: _____ Telephone: _____

Dentist's Name: _____

Address: _____ Telephone: _____

Health Insurance Coverage for Child

Insurer's Name: _____

Policy or Group Number: _____

Allergies or Medical Conditions: _____

Parent/Guardian Consent and Agreement

In consideration of my child's opportunity to participate in _____ Church's activities and programs, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of the Church. I specifically consent to allowing my child to be transported to receive emergency care and not to be responsible for any financial charges for such emergency care.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(page 2 of 2)

Note: Your organization is responsible for compliance with all applicable laws. Accordingly, this sample should not be used or adopted by your organization without first being reviewed and approved by an attorney. Stop Pastoral Abuse assumes no liability in connection with the use or distribution of this document.