



**Mother's Day Out Program**  
 3555 Verot School Road, Youngsville  
**EMERGENCY CARD**

<b>CHILD'S NAME</b>	Nickname	MALE or FEMALE
	Date of Birth	
Last	First	Middle
<b>CHILD'S HOME ADDRESS</b>	Child lives with	
Street	City	State Zip
	MOTHER	FATHER BOTH
	Other:	
<b>MOTHER/GUARDIAN'S NAME</b>	Contact Number	
Mother's Employer	Email	
<b>FATHER/GUARDIAN'S NAME</b>	Contact Number	
Father's Employer	Email	
<b>EMERGENCY CONTACT'S NAME</b>	Contact Number	
Relationship		
<b>EMERGENCY CONTACT'S NAME</b>	Contact Number	
Relationship		
In case of emergency, I give permission for any of the above individuals to be contacted and my child may be released to them. I also give permission to have my child transported to the nearest hospital if necessary.		
<b>Parent Signature</b>	Date	

A copy of your child's birth certificate is required with this form.

Physician's Name	Office Number
Dentist's Name	Office Number
Please list any medical conditions, allergies or special needs of your child including food allergies:	
<p>I give permission that my child, may be given first aid/emergency treatment by the staff of First Assembly. In the event if I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, or hospital when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance to an emergency center for treatment.</p>	
Parent Signature	Date
<p><b>CUSTODY ISSUES</b>          Without a copy of a court order, we will assume that both parents have custody of the child. If there are problems of custody, which might involve the school, please give us any necessary information. Specific custody restrictions must be verified by providing the school with a copy of the COURT ORDER. In some cases, we reserve the right to limit pick-up authorization to biological family only.</p>	
<p><b>THIRD PARTY RELEASE</b>          My child has permission to be released to the following individuals. <b>Please complete all information for each individual.</b> The following, with proper photo identification, are authorized to pick up my child from First Assembly Mother's Day Out Program any time during the school year. It is the responsibility of the parent/guardian to maintain and update the authorized names on this release accordingly.</p>	
<b>NAME NO. 1</b>	Contact Number
Relationship	
<b>NAME NO. 2</b>	Contact Number
Relationship	
<b>NAME NO. 3</b>	Contact Number
Relationship	
<b>NAME NO. 4</b>	Contact Number
Relationship	

*This form will need to be completed each year.*