



**The Orchard Evangelical Free Church
Emergency Contact Form
Please fill out one form per family.**

Child(ren)'s Last Name _____

Home Address _____

City/State/Zip _____

Parents Marital Status: Single Married Divorced

If parents are divorced, which parent has custody? Mother Father Joint Other

If "other" please explain _____

Mother's Name _____ Home # _____

Cell # _____

Father's Name _____ Home # _____

Child's Physician/Clinic _____ **Phone** _____

Please list each child's name, date of birth and medical conditions or allergies:

	<u>Name</u>	<u>Date of Birth</u>	<u>Condition or Allergy</u>
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____

Please provide information on two individuals to whom you authorize your child(ren)'s release.

Name _____

Name _____

Home # _____

Home # _____

Cell # _____

Cell # _____

The following must be signed by a parent or legal guardian.

**I authorize The Orchard Evangelical Free Church to seek and obtain treatment for the
aforementioned minor by a qualified and licensed medical practitioner in the event of a
medical emergency.**

Signature _____ Date _____

Printed Name _____ Relationship to minor _____