

Medical and Authorization Information

Name of child(ren): _____

Birthdate(s): _____

Mother's Name _____ Father _____

Address _____ City _____ Zip _____

Home Phone _____ Work: Father _____

Work: Mother _____ Cell: _____

General Information

Below please list the names of the persons authorized to call for your child. Your child will not be released to others without your permission. You may authorize an individual for a particular day by placing their name on the daily sign-in sheet. Please advise designated persons to have proper identification available. If an emergency arises you may call the Peace Church office (651) 454-4542 and give verbal permission to release your child to an individual.

Authorization for release:

Mother _____ Father _____

Others:

Name _____ Phone _____

Name _____ Phone _____

Persons available locally to be called in an emergency:

Name: _____ Phone _____

Name: _____ Phone _____

Medical Authorization and Information

In case of an accident or illness, if I (we), the parent(s) or guardian(s), are not available, my (our) child should receive medical treatment by KPT personnel, by his/her doctor, or by personnel of a hospital emergency room. I (we), the parent(s) or guardian(s), also authorize KPT to give my (our) child Tylenol when deemed necessary if I (we), the parent(s) or guardian(s), are not available by telephone.

Drug allergies: _____

Child's doctor: _____

Clinic: _____ Phone: _____

My child is current on his/her immunizations.

Today's Date _____ Signature _____