



**Emergency Contact Form & Release**

Child's Name		Address		
Date of Birth	Phone Number	City	State	Zip Code
Father's Name		Mother's Name		
Home Address (if different)		Home Address (if different)		
Doctor's Name		Preferred Hospital for Treatment		
Name & Phone Number of Emergency Contact				
Name of person other than Parent to whom Child may be Released				
Please list any allergies known				

**Statement of Child(ren)'s Health and Immunizations:** I state that my child(ren):

- is free from health conditions which could pose a risk to other children or adults
- has no limitations or special needs
- has a health or handicapping condition that limits participation in some activities
- My child is up-to-date on his/her immunizations

**Special Instructions:** Please list any special instructions:

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**Release:** In consideration for the Church allowing my child to participate in nursery, I release the Church, Supervising Adults, Child Care Providers and Counselors from any liability or claims for damages, including personal injuries to my child or property damages, which may occur as a result of my child's participation in nursery. I agree to accept all risks associated with my child's participation in nursery. I further agree to hold harmless, indemnify and defend the Church from all claims, causes of action, and damages associated with my child's participation in nursery.

Parent/Guardian Signature

Date

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