



Child _____ Birth Date _____
 First M.I. Last Mo/Day/Year
 Address _____ City _____
 Epi-Pen Allergy (Please Circle): Yes / No State _____ Zip Code _____

Father/Guardian _____ Cell Phone (____) _____
 First M.I. Last
 Employment _____ Work Phone (____) _____
 LLUH Yes Dept. Name _____ Ext _____ Pager _____
 SDA Church Member: Yes/ No Email: _____

Mother/Guardian _____ Cell Phone (____) _____
 First M.I. Last
 Employment _____ Work Phone (____) _____
 LLUH Yes Dept. Name _____ Ext _____ Pager _____
 SDA Church Member: Yes/ No Email: _____

UNDER NO CIRCUMSTANCES WILL THE CHILD BE RELEASED TO ANYONE NOT LISTED AS PARENT/GUARDIAN OR THOSE PERSONS LISTED BELOW.

In order of priority, list at least three persons to be contacted if the parent/guardians are not available. This is in case the child becomes ill, there is an emergency, special occasions, or for every day pick up.

<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

OUT OF STATE CONTACT IN CASE OF DISASTER

<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Child's Physician _____ Phone Number _____
 Father/Guardian Signature _____ Date _____
 Mother/Guardian Signature _____ Date _____