

Family Information:

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Names: _____

Phone Number: _____ Belongs to? _____

Phone Number: _____ Belongs to? _____

Email: _____ Belongs to? _____

Email: _____ Belongs to? _____

If parents/guardians cannot be reached in case of an emergency, contact:

Name: _____ Phone: _____

Emergency Medical Care Instructions (choose an option below):

_____ If family physician cannot be reached, I HEREBY AUTHORIZE my child to be treated by Certified Emergency Personnel

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Company: _____ Policy #: _____

***Signing here confirms that all insurance and medical information is current. ***

_____ I DO NOT give my consent for emergency medical treatment. In the event of an emergency, I wish the church

authorities to take the following action: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Website/Media Release:

_____ I DO _____ I DO NOT give Heartland Church permission to post photos/videos that include my child(ren) on the church website, Facebook and any other media productions that may be used at church services/events. I realize that only first names will be used.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NOTE: Allergies will be posted in classrooms to ensure safety of children with allergies

Child Name: _____ Date of Birth: _____

Male _____ Female _____ School Attending: _____ Grade: _____

Allergies: _____ Does your child carry any medications with him/her? Yes: _____ No: _____

If yes, please list: _____

For church trips or camps all medication must be sent in the original pharmacy container and in the possession of an adult chaperone.

Does your child have any medical, physical, emotional, mental or behavioral concerns/limitations that our staff should be aware of? Yes _____ No _____ If yes, please explain: _____

Child Name: _____ Date of Birth: _____

Male _____ Female _____ School Attending: _____ Grade: _____

Allergies: _____ Does your child carry any medications with him/her? Yes: _____ No: _____

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