

**Abundant Life Christian Child Care**  
Parent Contact and Emergency Treatment Authorization

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child resides with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Shared Custody \_\_\_ Other \_\_\_\_\_

Legal Custody Both \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Is this: Work email \_\_\_\_\_ Home email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Is this: Work email \_\_\_\_\_ Home email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Medical Information**

Medications currently being taken: \_\_\_\_\_

Child's Health Care Provider: \_\_\_\_\_

If a situation occurs in which the child named above needs immediate medical attention, and I or authorized individuals are not available to give consent, this signed statement will serve as an authorization for Abundant Life Christian Child Care and it's staff to proceed with whatever response is in the child's best interest until such time as I can be reached. I understand that the child-care staff will make every effort to contact me and the person(s) authorized to give consent before taking emergency action.

\_\_\_\_\_  
Signature of Parent/Guardian Date