

**Emergency
Information
Valley Bible Church
7106 Johnson Drive
Pleasanton, CA 94588**

Child's Name _____
Last First

Gender: M F Birth date _____

Child's Home Telephone () _____

Child's Home Address _____
Street City Zip

List of medications taken on a continuing basis _____

Allergies _____

Does your child have a health condition requiring possible emergency care? _____
If so, explain _____

Mother's Name _____ Father's Name _____
Cell Telephone () _____ Cell Telephone () _____

In case you cannot be reached during an emergency, please provide an alternate contact.

Name _____ Telephone () _____

Address _____
Street City Zip

Child's Physician or Source of Health Care:

Name _____ Telephone () _____

Address _____
Street City Zip

Child's Dentist:

Name _____ Telephone () _____

Address _____
Street City Zip

Health Insurance Provider _____ Telephone () _____

Child's Insurance Policy # _____

In EMERGENCIES requiring medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the childcare facility to have your child transported to the hospital. I hereby give consent to Valley Bible Church to obtain necessary medical information and provide emergency medical care in the event that either parent or guardian cannot be reached.

Signature of Parent or Guardian - Date

Signature of Parent or Guardian - Date

This emergency information should be updated at least once per year. Please review the information and initial and date if all information is correct.

Initial — Date

Initial — Date

Initial — Date

Initial — Date