

**LITTLE CHURCH ON THE PRAIRIE
KIDS FRIDAY MOVIE NIGHT
REGISTRATION/EMERGENCY CARD**

Date _____

Child's Name: _____
(first) (middle) (last)

Parent(Guardian): _____

Home Address: _____

City, Zip: _____

Contact phone numbers: Home: () _____

Mobile: () _____

E-mail address: _____

Contact In Case of Emergency:

_____ Phone: () _____
(include relationship)

Allergies: _____ Medical Conditions: _____

Family Physician: _____ Phone: () _____

List all persons who are authorized to pick-up this child (Include yourself and spouse)?
(Child will be released only to individuals indicated below, and identification will be required.)

_____ Phone () _____
(include relationship)

_____ Phone () _____
(include relationship)

_____ Phone () _____
(include relationship)

_____ Phone () _____
(include relationship)

CONSENT FOR TREATMENT

In the event _____
Child's Name Date of Birth

is injured or becomes seriously ill, I hereby authorize Little Church on the Prairie Family Ministry Elder, any program personnel or Elder, to seek and authorize any and all hospitalization, medical, dental, and/or surgical treatment deemed advisable by the circumstances. I understand that all the foregoing care will be at my expense.

Signed by: _____ Mother Father Legal Guardian