

# WOODLAND BAPTIST CHURCH

## Emergency Care Information

Child's Full Name \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_

Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_

Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

If you cannot be contacted or cannot pick up your child, please give the name of at least three people whom your child can be released to.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If you desire to change any of this information later, you may do so by calling the Director of Preschool at Woodland and giving a password that you have chosen to identify yourself.

Choose a password that will be easy for you to remember.

List a hint that we can give you just in case you forget your password.

Do not share this password with anyone.

List your password: \_\_\_\_\_

Password hint: \_\_\_\_\_

I agree that the Director of Preschool at Woodland or designated alternate may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date