Family Emergency Information Form

✪ (1) Complete Form, (2) Read and Initial Paragraphs, and (3) Sign.

Date: _____

Last Name _____ Father's Name_____ Mother's Name _____

Child(ren)'s Name(s) *Please indicate if the child's last name is different than the parent/guardians.*:

_____

_____

_____

_____

Emergency Local Contact:_____ Emergency Local Phone: _____

Father's Work/Cell # (please indicate which one):

_____

Mother's Work/Cell # (please indicate which one):

_____

Doctor's Name: _____ Doctor's Phone: _____

Insurance Company: _____ Insurance Phone: _____

Insurance Policy #:_____ Insurance Policy Group #: _____

Medical Considerations:

In Case of Emergency, does your child(ren) have a physical disability need that requires special assistance during an evacuation?

☐ **Yes** ☐ **No**

If your child requires assistance during an evacuation, please list the child's name and explain his/her evacuation needs:

Child's Name:_____

Child's Name:_____

Child's Name:_____

Does your child(ren) have any medical considerations or allergies that you might want to bring to our attention or might hinder them from participating in a class? ☐ **Yes** ☐ **No**

If yes, please list the child's name and explain his/her medical needs or allergies*****:

Child's Name:_____

Child's Name:_____

Child's Name:_____

***A separate Allergy/Medical Form (available at registration) is required for enrollment in cooking classes.**

Child Supervision Responsibility

_____ Initial	I understand that I am personally responsible for my child(ren)ôs safety and supervision during the time that he/she is attending HCEC classes at New Life Church. In the event that I must leave the premises for any reason during classes, I hereby designate the *Designated Supervising Adult listed below for disciplinary situations or emergencies. If I do not list a regular *Designated Supervising Adult here, I will designate one at Guest Services each time it is necessary for me to leave. *Designated Supervising Adult: _____Cell Phone:_____
_____ Initial	I understand it is the responsibility of the parent and not HCEC or New Life Church to attend to the medical condition or needs of my children.

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