

Mt Mitchell United Methodist Church  
Child Information Form (12-7-2005)

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Name(s) of Parent(s) or Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical History: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies (Food/Drug/Other): \_\_\_\_\_

Authorized Person(s) to Pick Up Child:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_