Emergency Contact Card
Mother's Day Out
First Baptist Church, Plano

Child's Name _____ Birthday _____

Home Address _____

City, State, Zip _____

Home Phone _____ Email Address _____

Mother's Name _____ Father's Name_____

Mother's State Issued ID/DL#_____ Father's State Issued ID/DL #_____

Mother's Cell # _____ Father's Cell # _____

Mother's Place of Work _____ Father's Place of Work_____

Mother's Work #_____ Father's Work # _____

Person to contact if parent cannot be reached _____

Relationship to child _____ Contact Person Phone #_____

Does your child have any allergies? ____ Yes ____ No If so, please list them _____

_____

If your child has any health issues, developmental delays or special needs, please list _____

_____

My child attends Sunday School ____ Yes ____ No. Where _____

I hereby give permission for the following people to pick up my child and I understand that Mother's Day Out will not release my child to any other person or persons not stated here unless they are a legal parent or guardian. _____**(Parent Signature & Date)**

_____

Name Relationship to Child State issued/License #

_____

Name Relationship to Child State issued/License #

_____

Name Relationship to Child State issued/License #