



First Southern Baptist Church - Colorado Springs, CO
Children's Ministry Emergency Information Form

Date _____

Child's Name _____ Date of Birth _____

Medical condition(s) _____

Medications currently being taken _____

Date of last Tetanus shot _____

Allergies/reactions _____

When parents cannot be reached, list someone who may be contacted to pick up your child in emergency:

Name _____

Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person from First Southern Baptist Church in Colorado springs, CO to have your child transported to that hospital and receive treatment.

Signature of Parent/Guardian _____