

**PREP Family Emergency Information**

Father's Name \_\_\_\_\_ Home Ph: \_\_\_\_\_ Wk or Cell Ph: \_\_\_\_\_

Place of Work/Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Ph: \_\_\_\_\_ Wk or Cell Ph: \_\_\_\_\_

Place of Work/Occupation \_\_\_\_\_

Child resides with \_\_\_ Father \_\_\_ Mother \_\_\_ Both Explain Special Arrangements: \_\_\_\_\_

Physician of Choice \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist of Choice \_\_\_\_\_ Phone: \_\_\_\_\_

As the legal guardian for my child(ren), I give my permission to the person listed below to be contacted and to assume responsibility for care and/or emergency medical treatment, if for some reason PREP or Youth Ministry personnel are unable to reach me.

Emergency Contact/Authorized Adult \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Work or Cell: \_\_\_\_\_

\*\*\*Today's Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**Complete information below for each child you are registering**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

This child is currently under a physician's care for (describe condition(s): \_\_\_\_\_

Name of Medication Being Administered to child on a regular basis \_\_\_\_\_

Allergies Pollens \_\_\_\_\_ Medications \_\_\_\_\_ Food \_\_\_\_\_ Insect Bites \_\_\_\_\_  
Please note specifics: \_\_\_\_\_

Has child ever suffered from or been treated for any of the following:

- Asthma \_\_\_\_\_ Epilepsy/seizure disorder \_\_\_\_\_ Heart trouble \_\_\_\_\_
- Diabetes \_\_\_\_\_ Frequently upset stomach \_\_\_\_\_ Physical handicap \_\_\_\_\_
- Depression \_\_\_\_\_ Emotional/Mental Disorder \_\_\_\_\_ Other \_\_\_\_\_

Operations, serious injuries, or major illnesses in the past year: \_\_\_\_\_ Dates: \_\_\_\_\_

**Name of child #2** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

This child is currently under a physician's care for (describe condition(s): \_\_\_\_\_

Name of Medication Being Administered to child on a regular basis \_\_\_\_\_

Allergies Pollens \_\_\_\_\_ Medications \_\_\_\_\_ Food \_\_\_\_\_ Insect Bites \_\_\_\_\_  
Please note specifics: \_\_\_\_\_

Has child ever suffered from or been treated for any of the following:

- Asthma \_\_\_\_\_ Epilepsy/seizure disorder \_\_\_\_\_ Heart trouble \_\_\_\_\_
- Diabetes \_\_\_\_\_ Frequently upset stomach \_\_\_\_\_ Physical handicap \_\_\_\_\_
- Depression \_\_\_\_\_ Emotional/Mental Disorder \_\_\_\_\_ Other \_\_\_\_\_

Operations, serious injuries, or major illnesses in the past year: \_\_\_\_\_ Dates: \_\_\_\_\_

**Name of child #3** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

This child is currently under a physician's care for (describe condition(s)): \_\_\_\_\_

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Name of Medication Being Administered to child on a regular basis \_\_\_\_\_

Allergies      Pollens \_\_\_\_\_      Medications \_\_\_\_\_      Food \_\_\_\_\_      Insect Bites \_\_\_\_\_  
Please note specifics: \_\_\_\_\_

Has child ever suffered from or been treated for any of the following:

Asthma \_\_\_\_\_      Epilepsy/seizure disorder \_\_\_\_\_      Heart trouble \_\_\_\_\_  
Diabetes \_\_\_\_\_      Frequently upset stomach \_\_\_\_\_      Physical handicap \_\_\_\_\_  
Depression \_\_\_\_\_      Emotional/Mental Disorder \_\_\_\_\_      Other \_\_\_\_\_

Operations, serious injuries, or major illnesses in the past year: \_\_\_\_\_ Dates: \_\_\_\_\_

**Name of child #4** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

This child is currently under a physician's care for (describe condition(s)): \_\_\_\_\_

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Name of Medication Being Administered to child on a regular basis \_\_\_\_\_

Allergies      Pollens \_\_\_\_\_      Medications \_\_\_\_\_      Food \_\_\_\_\_      Insect Bites \_\_\_\_\_  
Please note specifics: \_\_\_\_\_

Has child ever suffered from or been treated for any of the following:

Asthma \_\_\_\_\_      Epilepsy/seizure disorder \_\_\_\_\_      Heart trouble \_\_\_\_\_  
Diabetes \_\_\_\_\_      Frequently upset stomach \_\_\_\_\_      Physical handicap \_\_\_\_\_  
Depression \_\_\_\_\_      Emotional/Mental Disorder \_\_\_\_\_      Other \_\_\_\_\_

Operations, serious injuries, or major illnesses in the past year: \_\_\_\_\_ Dates: \_\_\_\_\_

**Name of child #5** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

This child is currently under a physician's care for (describe condition(s)): \_\_\_\_\_

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Name of Medication Being Administered to child on a regular basis \_\_\_\_\_

Allergies      Pollens \_\_\_\_\_      Medications \_\_\_\_\_      Food \_\_\_\_\_      Insect Bites \_\_\_\_\_  
Please note specifics: \_\_\_\_\_

Has child ever suffered from or been treated for any of the following:

Asthma \_\_\_\_\_      Epilepsy/seizure disorder \_\_\_\_\_      Heart trouble \_\_\_\_\_  
Diabetes \_\_\_\_\_      Frequently upset stomach \_\_\_\_\_      Physical handicap \_\_\_\_\_  
Depression \_\_\_\_\_      Emotional/Mental Disorder \_\_\_\_\_      Other \_\_\_\_\_

Operations, serious injuries, or major illnesses in the past year: \_\_\_\_\_ Dates: \_\_\_\_\_