

**Northwest Children's Learning Center**  
**... An Outreach of Northwest United Methodist Church**  
Summer 2023/ School Year 2023-2024  
**EMERGENCY INFORMATION FORM**

Name of Child \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address City, State, Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address City, State, Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address City, State, Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Important: Please indicate how you would like us to contact you during the school day regarding information about your child (injury, illness, etc):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If either parent is a student, please list school, department, and phone number of a secretary who would be able to reach you in an emergency:

School \_\_\_\_\_ Department \_\_\_\_\_ Phone \_\_\_\_\_

Please list the name of a friend or relative who may be reached in case of an emergency. This individual may be asked to pick your child up from NCLC in the event of an illness, injury or emergency. It is a State Requirement that local emergency person is listed.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

**PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP MY CHILD**

1. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_

If a parent is denied permission to pick-up a child, please provide parent's name \_\_\_\_\_ and a copy of the court order.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**2023**  
**EMERGENCY MEDICAL AUTHORIZATION**

I agree, and by my signature give consent that in case of an accident, injury of illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible, should I be away from the phone numbers give with this form.

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

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

If, in an emergency, your child's regular doctor cannot be reached, may we use George Horvath M.D., the consulting physician for Northwest Children's Learning Center? Yes \_\_\_\_\_ No \_\_\_\_\_ If you answered no, which other physician do you prefer we call?

\_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_

Name of child's private health insurance & policy number: \_\_\_\_\_

Or

Medicaid or Hoosier Healthwise number for your child and primary adult

\_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Reminder: Please update information contained on this form when changes occur.**