



CHILD INFORMATION RECORD

Full Name:	Preferred Name:	Birthdate
Parent / Guardian Name(s):		
Parent / Guardian with whom the child resides:		
Address:	City:	State:
Mobile Phone:	Alternate Phone:	

Other persons authorized to pick-up child

_____	_____	_____
Name	Relationship to Child	Mobile Phone
_____	_____	_____
Name	Relationship to Child	Mobile Phone

Local Person(s) to notify in case of emergency (other than parent/guardian)

_____	_____	_____
Name	Relationship to Child	Mobile Phone
_____	_____	_____
Name	Relationship to Child	Mobile Phone

I give permission to Triumph Church to secure emergency and / or surgical treatment for the above named minor child while in care.

_____	_____
Name of Child's Physician/Health Clinic	Physician/Health Clinic's Phone
_____	_____
Hospital Preferred for Emergency Treatment	Name of Health Insurance Carrier
_____	_____
Special Needs	Health Insurance Policy Number

I understand that in case of accident or injury to my child I will be notified immediately. If any of the above information changes, I will notify the church.

Parent / Guardian Signature

Date