

FPC Mother's Morning Out – Emergency Form

Child's Name: _____ Age: _____ DOB: _____

Address: _____

Mother's Name: _____ Mother's Cell #: _____

Mother's Work #: _____

Father's Name: _____ Father's Cell #: _____

Father's Work #: _____

Email Address: _____

Medical Alert:

Is your child allergic to any foods, drugs, or bee stings? _____

If yes, please list all with reaction and treatment:

Does your child have any special needs or accommodations?

Emergency Contacts Other than Parents:

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

Medical Release & License Exemption: *Please sign below to acknowledge your understanding.*

*In the event of a medical emergency involving my child, _____, I understand Mother's Morning Out at First Presbyterian Church of Marietta will make every effort to contact me. If I cannot be reached, I give the staff permission to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless, both MMO and FPC Marietta, for their actions on my behalf.

*I understand Mother's Morning Out at First Presbyterian Church of Marietta is not licensed by Bright From the Start or the Georgia Department of Early Care and Learning. I understand that MMO *does* carry liability insurance under FPC Marietta's policy.

Signature of Parent or Guardian

Date