



Mount Vernon Baptist Church
7600 Falls of Neuse Rd
Raleigh, NC 27615
919-847-0160 Office 919-847-0606 Fax

EMERGENCY MEDICAL INFORMATION

Child's Name

Date of Birth

List all allergies, including food allergies: _____

RESPONSIBLE PARTIES TO CALL IF PARENTS CANNOT BE REACHED:

Physician	Address	Telephone
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Dentist	Address	Telephone
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Friend/Family Member	Address	Telephone
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Friend/Family Member	Address	Telephone
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Hospital Preference

TERMS AND CONDITIONS

- 1) I understand that my child may participate in physical activities such as those held during classroom time, playground time,, music and movement, fall festivals, etc. As with any physical activity there is risk of injury. I fully accept this risk and hold harmless from any legal liability, The Growing Place/MVBC and any person in The Growing Place staff.
- 2) In the event of an emergency that requires medical treatment for the above-named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to The Growing Place/MVBC Directors to secure the services of a licensed physician to provide the care necessary for my child's well-being. I assume responsibility for all costs connected to any accident or treatment of my child.

Parent's Primary Insurance Company

Insurance Group Number

Parent/Guardian Signature

Date