



**Calvary Baptist Church Parent's Day Out Program**  
**Emergency Contact Information**

Emergency Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, Diseases, Physical Conditions, Special Needs, etc...

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Emergency Contacts:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone number: \_\_\_\_\_

**Calvary Baptist Church Parent's Day Out Program**  
**Release Authorization**

Child's Name: \_\_\_\_\_

The following is a list of people that Calvary Baptist Church Parent's Day Out Program may release my child into their custody. I understand that anyone on this list may be required to show photo identification before Calvary Baptist Church Parent's Day Out Program releases my child.

Parent or Guardian Signature \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Parental permission for media, web or other publication of student's photograph, likeness, and/or work**

This form is used to establish formal parental permission for students and their work to be shown in photographs for our website or for public information. Please call the school if you have any questions.

\*I give permission for myself or my child to be photographed by personnel of CBC for the use of the Calvary Baptist Church program or in promotional materials  
\_\_\_\_\_ YES \_\_\_\_\_ NO

\*I give permission for my child's photo/work to appear on the CBC website/Facebook page.  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Parent's Signature \_\_\_\_\_

**Calvary Baptist Church Parent's Day Out Program**  
**Medical Authorization /Appointment of Agent**

I, \_\_\_\_\_, (parent/guardian name)  
do hereby appoint Calvary Baptist Church Parent's Day Out Program, of lawful age  
as my agent and representative for the purpose of authorizing and consenting to  
hospital care and/or medical care and treatment of \_\_\_\_\_  
(child's name) for any illness or injury that may occur while such person is in the  
care of custody of the agent while I am away, on vacation, or otherwise not  
immediately available to give such consent.

**Information for Emergency Room**

Child's Birthday: \_\_\_\_\_

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

Drug Allergies: \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Insurance Company)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Witness)