

FPC Mother's Morning Out Program – Emergency Form

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

Address: _____

City/State: _____ Zip: _____ Phone: _____

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

Mother's Work #: _____

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

Father's Work #: _____

Email Address (for notification of MMO closings or other important news only):

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:

In the event of a medical emergency involving my child, _____,
(Print child's name)

I understand that FPC MMO will make every effort to contact me. If the staff cannot reach me, I give permission for the school to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless the Mother's Morning Out Program and FPC for their actions on my behalf.

Signature of Parent or Guardian

Date