

**Cumming First United Methodist Church
After School Program
Vehicle Emergency Medical Information**

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Relationship _____

Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses: Northside Forsyth,
1200 North Side Forsyth Dr. Cumming 770-844-3200

Child's Allergies _____

Current prescribed medication _____

Child's needs or conditions _____

In the event of an emergency involving my child, and if Cumming First United Methodist Church After School Program cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature(Parent / Guardian) _____

Witnessed By: _____ Date _____