

Northwest Children's Learning Center
... An Outreach of Northwest United Methodist Church
2025–2026 School Year
EMERGENCY INFORMATION FORM

Name of Child _____ Gender _____ Birthdate _____

Mother or Guardian _____ Home Phone _____

Home Address City, State, Zip _____

Business Name _____ Occupation _____ Work Hours _____

Business Address City, State, Zip Code _____

Phone _____ Cell Phone _____ Email _____

Father or Guardian _____ Home Phone _____

Home Address City, State, Zip _____

Business Name _____ Occupation _____ Work Hours _____

Business Address City, State, Zip Code _____

Business Phone _____ Cell Phone _____ Email _____

Important: Please indicate how you would like us to contact you during the school day regarding information about your child (injury, illness, etc):

1. _____ 2. _____ 3. _____

If either parent is a student, please list school, department, and phone number of a secretary who would be able to reach you in an emergency:

School _____ Department _____ Phone _____

Please list the name of a friend or relative who may be reached in case of an emergency. This individual may be asked to pick your child up from NCLC in the event of an illness, injury or emergency. It is a State Requirement that local emergency person is listed.

Name _____ Phone _____ Relationship to Child _____

Address, City, State, Zip _____

PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP MY CHILD

1. _____
Name _____ Relationship to Child _____ Phone _____
Address, City, State, Zip _____

2. _____
Name _____ Relationship to Child _____ Phone _____
Address, City, State, Zip _____

If a parent is denied permission to pick-up a child, please provide parent's name _____ and a copy of the court order.

Parent or Legal Guardian Signature _____ Date _____

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EMERGENCY MEDICAL AUTHORIZATION

I agree, and by my signature give consent that in case of an accident, injury of illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible, should I be away from the phone numbers give with this form.

Child's Name _____ Date of Birth _____

Child's Physician _____ Phone _____

Address, City, State, Zip _____

Child's Dentist _____ Phone _____

Address, City, State, Zip _____

If, in an emergency, your child's regular doctor cannot be reached, may we use George Horvath M.D., the consulting physician for Northwest Children's Learning Center? Yes _____ No _____ If you answered no, which other physician do you prefer we call?

Address, City, State, Zip _____

If, in an emergency, your child's regular dentist cannot be reached, may we use one of the dentist listed on our resource page? The Dental Center or South Bend Children's Dentists
Yes _____ or No _____.

Name of child's private health insurance & policy number: _____

Or

Medicaid or Hoosier Healthwise number for your child and primary adult

Signature of Parent or Legal Guardian _____ Date _____

Reminder: Please update information contained on this form when changes occur.