



Amazing Grace Before & After

of

Kindom Village

5263 Warwick Road Richmond, VA 23224 (804) 303-6192 Fax: (804)303-6197

Directors: Christa W. Cooper, Barbara E. Ingram

Personal Information (Please Print)

Child's Full Name _____

Address _____ Zip Code _____

Telephone # () _____ Date of Birth _____

Special Needs _____
(If any)

Health Problems _____
(If any)

Are there any medications we need to know about _____

Parent Information

Father

Mother

Name _____

Home # _____

Work # _____

Cell# _____

Employer _____

Occupation _____

Family Pediatrician _____ Phone # _____

Hospital Preference _____

Insurance Company _____ Policy# _____

1. In the event of emergency and I cannot be reached, I hereby give permission for my/our child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my next of kin before such action is taken.

2. In the event that I/we can not personally pick up my/our child during or after school the people listed below have my/our authorization to pick up my/our child. However, I/we will send a note or call the school advising that one of these persons will be picking up my/our child.

(Turn Over)

Name

Phone #

Relation

Date

Signature