



GCC Child's Emergency Information Form

Additional copies available online @ www.Globalchildrenscenter.com

This form must be complete and returned with registration and application

Child's Name:

School Attending: _____

Parent/Guardian Name:

Parents cell: _____ Phone: _____

Parents cell: _____ Phone: _____

When parent cannot be reached, please list alternate emergency contacts:

Name (last): _____

(First): _____

Telephone (day time):

Cell/Phone:

Name (last): _____ (First): _____

Telephone (day time):

Cell/Phone:

Name (last): _____ (First): _____

Telephone (day time):

Cell/Phone:

In emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes our staff at the camp facility to have your child transported to the hospital.

I have attached a recent photo of my child with this page:

Parent or Legal Guardian: _____ Date: _____

Signature: _____

Print:

Medical Insurance Information (name and address):

Phone No#: _____

Policy No#: _____

ID#:

Primary Insurance Holder: _____
(pls. make a copy of the insurance card front and back and attached to this form)