

RESTORE MINISTRIES, INC.

Summer Program

EMERGENCY CONTACT FORM

PLEASE PRINT

STUDENT'S NAME: _____

BIRTHDATE: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

ALLERGIES/ MEDICAL CONDITIONS:

GUARDIAN INFORMATION:

First and Last Name: _____

Relationship to student: _____

House telephone#: _____

Cell Number: _____

E-mail address: _____

EMERGENCY CONTACT:

People other than guardian who can pick up your child/ children:

NAME	PHONE:
1. _____	_____
2. _____	_____

GUARDIAN SIGNATURE _____ DATE: _____

Please provide a copy of child's health insurance card

