

Kiokee Children's Ministry

Information Sheet

CHILD'S NAME _____

PARENT/GUARDIAN _____

MEDICAL OR OTHER INFORMATION WE NEED TO KNOW:
(PLEASE INCLUDE ANY FOOD ALLERGIES) _____

IN THE EVENT OF AN EMERGENCY, CALL:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

THE FOLLOWING **ADULTS** MAY PICK MY CHILD UP FROM THIS MINISTRY EVENT:

NAME _____ RELATION _____

NAME _____ RELATION _____

NAME _____ RELATION _____

FOR YOUR CHILD'S SAFETY, ALL CHILDREN MUST BE PICKED UP BY ONE OF THE ADULTS LISTED ABOVE OR A SIBLING 16 YRS. OF AGE OR OLDER. CHILDREN WILL NOT BE RELEASED TO BROTHERS OR SISTERS UNDER THE AGE OF 16 OR FRIENDS.

PLEASE RETURN THIS FORM TO YOUR CHILD'S MINISTRY LEADER.