

Lovell Weekday Ministry
Emergency Card

Child Name _____ DOB _____

Address _____

Home Phone _____ Cell _____

Email _____ @ _____

Mother's Name _____ Wk# _____

Place of Employment _____

Father's Name _____ Wk# _____

Place of Employment _____

In case of EMERGENCY and parents cannot be reached, call:

Name _____ Phone# _____

Name _____ Phone# _____

Physician's Name _____ Phone# _____