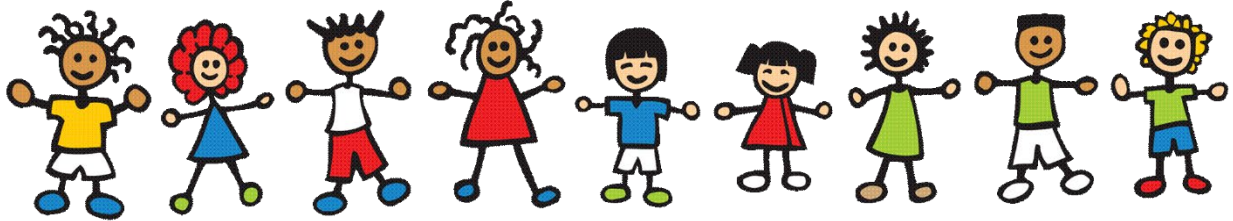


# MCOB Child Emergency Information Form

\*Please fill out, save, and email to [office@manassasbrethren.org](mailto:office@manassasbrethren.org) OR print and bring to church.



Child's Name: \_\_\_\_\_

Child's Birthday (MM/DD/YYYY): \_\_\_\_\_

Child's Grade 2022-23 School Year: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact #: \_\_\_\_\_

Best E-mail: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

\_\_\_\_\_

If allergic, does the child carry/have an EpiPen? \_\_\_\_\_

Any other important information about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please return this form to the church office, thank you!