

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# \_\_\_\_\_