

Dentist's Name _____

Dentist's Address _____

Dentist's Telephone/Cell/Office Number _____

Name of Source of Emergency Care _____

Address of Source of Emergency Care _____

Telephone/Cell Number of Source of Emergency Care _____

Church Affiliation of Parents _____

Church Address _____

Church Affiliation of Child _____

Name, Address, Telephone/Cell Number of TWO people that can be contacted if the parents cannot be reached.

Date _____

Parent's Signature _____