

Parental Consent/ Emergency Contact Form

Name of Youth \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Business Name \_\_\_\_\_ Business # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Business Name \_\_\_\_\_ Business # \_\_\_\_\_

In Case of Emergency:

1st Contact \_\_\_\_\_ Phone # \_\_\_\_\_

2nd contact: \_\_\_\_\_ Phone # \_\_\_\_\_

3rd contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Youth's Physician/Medical Team: \_\_\_\_\_

Office phone# \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Special Disabilities (if any) \_\_\_\_\_

Allergies (including medication reaction) \_\_\_\_\_

Medical or Dietary Information necessary in an emergency \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

Health Insurance Provider for Youth \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_

In the event of an emergency where medical treatment is required, I give permission for the youth leaders or church staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

I agree that the above information is accurate and up to date, and will notify the church immediately if any information changes.

Signed: \_\_\_\_\_  
(Parent or Legal Guardian)

Date: \_\_\_\_\_