

EMERGENCY CONTACT/PARENTAL CONSENT FORM

INDIVIUAL'S NAME		BIRTHDATE	
ADDRESS		GENDER	
EMAIL ADDRESS (IF APPLICABLE)		CELL # (IF APPLICABLE)	
NAME OF SCHOOL (IF APPLICABLE)		GRADE (If APPLICABLE)	
LEGAL GUARDIAN		RELATIONSHIP	
ADDRESS		CELL # TEXT Y () N ()	
EMERGENCY CONTACT PERSON(S) (OTHER THAN LEGAL GUARDIAN WHO SHOULD THE CHILD BE RELEASED TO)			
NAME	ADDRESS	RELATIONSHIP TO CHILD	TELEPHONE # WHEN CHILD IS AT CHURCH
HOSPITAL PREFERENCE IN AN EMERGENCY			
ADDRESS			
SPECIAL NEEDS OR MEDICAL CONCERNS		ALLERGIES (INCLUDING MEDICATION REACTION)	
DIETARY RESTRICTIONS		MEDICATION, SPECIAL CONDITIONS	
LEGAL GUARDIAN'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE CONSENT			
OBTAIN EMERGENCY MEDICAL CARE		ADMINISTER MINOR FIRST-AID PROCEDURES	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that guardian can be reached in case of emergency.

Guardian's Signature

Date

I release Good Shepherd UCC and individuals from liability in case of accident during activities related to Faith Formation as long as normal safety procedures have been taken

Guardian's Signature

Date

I give permission to Good Shepherd United Church of Christ, Slatington, to photograph and use the photo and/or other digital reproduction of them for educational or prc Purposes ~ whether print, digital, or electronic media.

Guardian's Signature

Date