



# Information Form: Emergency Contact/Parental Consent 2016-17

Derry Presbyterian Church, 248 East Derry Road, Hershey, PA 17033

**PLEASE PRINT. COMPLETE ONE CONSENT FORM PER CHILD.**

**ALL INFORMATION MUST BE COMPLETED FOR ACCEPTANCE INTO THE DISCOVERY DAYS PROGRAM.**

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

LAST	FIRST	MIDDLE	
Name your child is called: _____	M/F _____	Date of Birth: ____ / ____ / ____	Age _____
Mother/Legal Guardian's Name _____	Father/Legal Guardian's Name _____		
Home Address _____	Home Address _____		
City/State/Zip _____	City/State/Zip _____		
Cell Phone/Pager _____	Cell Phone/Pager _____		
Home Phone _____	Home Phone _____		
Daytime Workplace: _____	Daytime Workplace: _____		
Address _____	Address _____		
City/State/Zip _____	City/State/Zip _____		
Work Phone _____	Work Phone _____		
Cell Phone/Pager _____	Cell Phone/Pager _____		
Email _____	Email _____		

People in the household (please check):  
 Mother \_\_\_\_ Father \_\_\_\_ Other adult(s) \_\_\_\_ What is their relationship to child? \_\_\_\_\_

Siblings \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name of child's physician and phone number: \_\_\_\_\_

Health insurance company/policy number: \_\_\_\_\_

**Emergency Contacts** (Other than parents)

NAME	PHONE NUMBER	ADDRESS	RELATIONSHIP TO CHILD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Person(s) to whom child may be released** (Other than parents. Indicate "Same" if names are same as above.)

NAME	PHONE NUMBER	ADDRESS	RELATIONSHIP TO CHILD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Persons(s) to whom the child MAY NOT be released.** (Please attach court order.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:

Obtaining emergency medical care: \_\_\_\_\_

Administering minor first aid procedures: \_\_\_\_\_

Permission for emergency transportation: \_\_\_\_\_

Print name \_\_\_\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Initial Entry Date \_\_\_\_\_

Six-Month Review Date \_\_\_\_\_