



# Information Form: Emergency Contact/Parental Consent 2018-19

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

**PLEASE PRINT. COMPLETE ONE CONSENT FORM PER CHILD.  
ALL INFORMATION MUST BE COMPLETED.**

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, address & phone number: \_\_\_\_\_  
\_\_\_\_\_

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

### Emergency Contacts (Other than parents)

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

### 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
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_____	_____	_____	_____
_____	_____	_____	_____

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

_____	_____	_____	_____
_____	_____	_____	_____

CONTINUED ON REVERSE

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 \_\_\_\_\_