



Information Form: Emergency Contact/Parental Consent 2017-18

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
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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

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 _____