

**EMERGENCY CONTACT / PARENTAL CONSENT FORM**

**Child's Information**

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

Gender: F M

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

Address: \_\_\_\_\_

**Mother's/Legal Guardian's Information**

Mother's/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name and Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father's/Legal Guardian's Information**

Father's/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name and Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contacts:**

Name:

Phone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

***Please print out online at [www.lampcob.com](http://www.lampcob.com), and deliver/mail to  
Lampeter Church of the Brethren, P.O. Box 38, Lampeter PA 17537***

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**Persons whom the child can be released to:**

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Name of Child's Physician/Medical Care Provider:**

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____

**Special Concerns:**

Allergies: \_\_\_\_\_

Special Needs/disabilities: \_\_\_\_\_

Any Dietary Information: \_\_\_\_\_

Any Medications: \_\_\_\_\_

Health Insurance Provider or Covered Benefits for Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Sign below items for parental consent:**

Transportation by facility: \_\_\_\_\_

Administer minor first aid procedures: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_

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

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