

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, and deliver/mail to
Lampeter Church of the Brethren, 1900 Lampeter Road, Lancaster, PA
17602***

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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: _____

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Signature of Parent/Guardian: _____

Date: _____

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