

Emergency Information Form

Youth's Name: _____ Date of Birth: _____

Home Address: _____ Phone #: _____

City/State/Zip: _____ Cell #: _____

e-mail address: _____ Cell #: _____

During the Day, where can parents be reached if not at home?

Father's Name: _____ Employer's Name: _____

Employer's Address: _____ Phone: _____

Mother's Name: _____ Employer's Name: _____

Employer's Address: _____ Phone: _____

List a neighbor or nearby relative who will assume temporary care of your child if you cannot be reached:

Name: _____

Address: _____ Phone: _____

Physician's Name: _____

I request permission of my child _____ to attend any Grace youth ministry and confirmation function. I authorize the leaders from Grace Lutheran Church to seek the necessary emergency care and treatment for my child *only if those individuals designated above are not available for consultation and direction*. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of my child is a parental one. I understand that it is my responsibility to make sure that all information is filled in correctly and kept current, including changes that are made over the course of the year. In the event of a change I will fill out a new form to be put on file. Grace is not liable for changes that are made throughout the year and are not filed on a new sheet.

Signature of Parent or Guardian / Date

I ***do not*** give permission to Grace Lutheran Church to photograph my child and publish photos to church website for the purpose of supporting and growing our youth ministry.

Signature of Parent or Guardian / Date

Specific Health Concerns (i.e. allergies to medication, chronic health conditions, etc.) Use back.