

**Annual Youth Connection
Parental Consent/ Emergency Contact Form**

Name of Youth _____ birthdate ___/___/___
Address _____

Mother's Name _____ home # _____
Address _____ cell # _____
Business Name _____ business # _____

Father's Name _____ home # _____
Address _____ cell # _____
Business Name _____ business # _____

In Case of Emergency:

1st Contact _____ phone # _____
2nd contact: _____ phone # _____
3rd contact: _____ phone # _____

Name of Youth's Physician/Medical Team: _____
Office phone# _____ Preferred Hospital _____

Special Disabilities (if any) _____

Allergies (including medication reaction) _____

Medical or Dietary Information necessary in an emergency _____

Date of Last Tetanus Booster _____

Health Insurance Provider for Youth _____
Policy # _____ Effective Date _____

In the event of an emergency where medical treatment is required, I give permission for the youth leaders or church staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

I agree that the above information is accurate and up to date, and will notify the church immediately if any information changes.

Signed: _____ date: _____
(Parent or Legal Guardian)