

Emergency Contact(s)

Contact 1 Name: _____

Contact 2 Name: _____

Phone Number(s): _____

Phone Number(s): _____

Relation: _____

Relation: _____

Emergency Medical Consent

I, _____, give permission for my child,
_____, to receive emergency medical treatment in
the event that he/she may become sick or injured during an activity with Grace
Presbyterian Church.

Today's Date

Parent's/Legal Guardian's Signature

Health Insurance Company: _____

Company's Phone Number: _____

Policy Holder's Name: _____

Policy #: _____

Known Medical Conditions or Allergies: _____

Family Doctor: _____

Doctor's Phone Number: _____