CHILDREN and YOUTH Ministry Emergency Contact Form for PINES PRESBYTERIAN CHURCH

Help us protect your child's wellbeing while engaged in our ministry programs! As well as get to know you and your family better. All information will be kept in house and private. Please take time to fill out this form and return to church office or Director of Family Ministries.

Child's Name:		Date of Birth:	
Grade:	School attending:		
Parent's name/s	:		·
Address:			
(please include t	he city and zip code)		
Parents Phone N	umbers:		
Home:	\	Nork:	
Cell:	E	Emergency:	
Email address:			
Please list any m	edical conditions, drug or food	allergies your child may have:	
	oto may be used on Pines Presby		
·		NO	
Please list sibling	gs with age/ grade:		
Emergency Cont	act if we are unable to reach pa	rent.	
Name:		Phone:	
List anyone to w	hom we may release your child:		
Parent Signature	:	Date:	
·	ing else you'd like us to know al		, interests, or hobbies etc-