

Name of Minor

Last Name *First Name* *Middle Initial*

Address _____

Date of Birth _____

Home Phone _____

Parent Names _____

Work Phone _____

Cell Phone _____

Emer. Contact Person _____

Contact Number _____

Medical Information and Consent to Emergency Care

Does your child have any known allergies, including medications and foods? Please list them here

Does your child have any special needs? Please list them here

In the event of an emergency and a parent cannot be reasonably reached to give consent for medical care, I give Good News Church/CPYM and its leadership permission to consent to emergency medical care for my child. I give my child permission to go with the youth group on 12/21 for Pizza at Foxes Pizza in Mifflintown

Parent Signature _____

Date _____