

Presbyterian Church of Stanley

2011 / 2012 Parent / Guardian Consent / Release

(for children ages 0—17, including emergency medical treatment for all children under age 18.)

Complete one form per child.

Print Information:

Child's Name: \_\_\_\_\_  
last first goes by (if different than first)

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ (indicate months for children under 2 years old)

Circle one: Male Female School Grade (2011-2012) \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_  
last first

Address: \_\_\_\_\_  
street city state zip

Home Phone AC \_\_\_\_\_ - \_\_\_\_\_ Parent Cell: AC \_\_\_\_\_ - \_\_\_\_\_

Work Phones: AC \_\_\_\_\_ - \_\_\_\_\_ /mom AC \_\_\_\_\_ - \_\_\_\_\_ /dad

This is to certify that my relationship to the above-named minor is: (check as applicable)

\_\_\_\_\_ One of two custodial parents, and I certify that I have the consent and authorization of the other parent to sign this consent/release form.

\_\_\_\_\_ I am the sole custodial parent. \_\_\_\_\_ I am the legal guardian. (proof of guardianship must be provided.)

Does your child (please fill in information or mark N/A if not applicable):

Have any special needs? \_\_\_\_\_

Allergies to (list them here):

Medications \_\_\_\_\_

Foods: \_\_\_\_\_

Environmental: \_\_\_\_\_

Need any medications? \_\_\_\_\_

Have any dietary concerns? \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: AC \_\_\_\_\_ - \_\_\_\_\_

Name of Insured & Policy Number: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_  
(first and last name)

Relationship to child: \_\_\_\_\_ Phone: AC \_\_\_\_\_ - \_\_\_\_\_

continued on back....



