

Household & Emergency Information Form 2010-2011

PARENTS: Please Complete ONE Form for Your Household

Return with 7th-12th Student Registrations & Parent Consent Forms by or before September 6.

Please List NAME(s) of ALL Church School Aged Children (ages 2-18) with SCHOOL GRADE (if applicable)

Name of Parent(s)

Household Mailing Address

City, State, Zip

Family Phone

Family Email Address for parent(s) to receive Church School Notices

Parent Additional Contact Numbers

Parent Name _____

Parent Name _____

Cell Phone _____

Cell Phone _____

Work # _____

Work # _____

Emergency Contact if Parent is Unreachable

Contact Name _____ Relationship to Child(ren) _____

☎ Home _____ Cell Phone _____

Address _____

Family Doctor Information

Doctor _____

☎ Dr. Phone _____

Dr. Address _____

HOUSEHOLD #2 INFORMATION (if applicable)

Parent(s) (if at another address)

Relationship

Mailing Address

City, State, Zip

☎ Phone w/Area Code (for additional household) Cell Phone w/Area Code (for additional household)

Email Address for additional household to receive Church School Notices

Parent Consent & Release Form 2010-2011

Complete & Return ONE SIGNED FORM to include ALL Children (ages 2-18) in your Household

CONSENTING FOR the FOLLOWING CHILD or CHILDREN:

Please include the names of all church school children/youth in your household.

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Email _____

Parent/Guardian Phone # _____ Cell Phone # _____

PARENT: Please check and initial EACH consent or release.

Please sign and date the bottom of the page to indicate your understanding & acceptance of these policies for all children aged 2-18 in your household. THANKS!

Field Trip Consent

Initials _____

As a parent or guardian of the child/ren whose name(s) appear above, I hereby give my consent for said child/ren to participate in St. Pauls United Church of Christ field trips, including Church School outings and/or Youth Group activities, from September 1, 2010 through August 31, 2011.

I understand that insurance of any kind will not be provided by St. Pauls United Church of Christ for accidents or injuries that may occur, from any cause whatsoever, in connection with such trips or outings.

I agree to relieve from any responsibilities, and to hold harmless, St. Pauls United Church of Christ, its Church School Teachers, Youth Group Sponsors and/or other supervisors of such a trip or outing for any accidents or injuries whatsoever that may occur in connection with said activity.

Medical Release

Initials _____

In the event of a medical emergency occurring to my child/ren, I hereby authorize St. Pauls United Church of Christ, its Church School Teachers and/or Youth Group Sponsors to act in *loco parentis* to my child or children. These individuals may authorize all necessary medical and/or surgical procedures the medical authorities deem vital for the health of my child. I understand that every effort will be made to contact me or my physician immediately, and that medical or surgical procedures will be implemented only in the event that I cannot be contacted.

Photo Release

Initials _____

I grant permission for St. Pauls United Church of Christ to use unidentified photographs of my child or children on church related programs, brochures or other print materials and display boards as well as on the St. Pauls United Church of Christ website.

Signature of Parent or Guardian

Date

Return with Student Registration & Household Info Forms BY OR BEFORE SEPTEMBER 5