



Paradise Hills United Methodist Church

Emergency Contact Form

SUMMER 2022

NAME OF CHILD _____ **DATE** _____

PLEASE LIST A MINIMUM OF TWO (2) LOCAL PEOPLE OTHER THAN THE PARENTS/GUARDIANS THAT HAVE YOUR PERMISSION TO BE CONTACTED BY THE CHURCH WHEN YOU CANNOT BE REACHED.

Name of Contact	Street Address City and Zip	Best Phone Number	Relationship	EMERGENCY PICK UP ONLY Parent Initial	EMERGENCY CONTACT AND AUTHORIZED PICK UP Parent Initial	PARENT SIGNATURE

This form is valid for the Summer of 2022 only. Any additions or revisions must be made through the Office by the parent/guardian and dated and initialed.

Parent Signature

Date