



Paradise Hills United Methodist Church

Emergency Contact Form

SUMMER 2024

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 |
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This form is valid for the Summer of 2024 only. Any additions or revisions must be made through the Office by the parent/guardian and dated and initialed.

Parent Signature

Date