

Parent or Guardian Information
(At least one set of information is required)

Mother's Name: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-mail: _____

Member of Fourth Presbyterian Church? YES NO

Father's Name: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-mail: _____

Member of Fourth Presbyterian Church? YES NO

Please return this form, along with the *Emergency Contact and Medical Information Form*, to:

Anita Bright
Administrative Assistant for Youth Ministry
Fourth Presbyterian Church
126 E. Chestnut Street
Chicago, Illinois 60611
abright@fourthchurch.org
Fax: 312.787.4584

For more information, please contact:
John Vest, Associate Pastor for Youth Ministry
312.981.4037 (jvest@fourthchurch.org)
Kurt Esslinger, Youth Ministry Associate
312.981.4035 (kessinger@fourthchurch.org)
Anita Bright, Administrative Assistant for Youth Ministry
312.573.3364 (abright@fourthchurch.org)

2008-2009 Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Fourth Church and individuals from liability in case off accident during activities related to Fourth Church, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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I give Fourth Church permission to include my child in photographs relating to Fourth Church activities (photos used for publicity purposes only).

Parent's/Guardian's Signature	Date
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