

Emergency Contact Information and Permission to Contact

Name: _____

Address: _____

Phone: _____

Parent's Names, Mother: _____

Father: _____

Parents Cell Phone Numbers: Mother _____

Father _____

E-Mail Address: Student _____

Mother: _____

Father: _____

Yes _____ NO _____

Please mark yes or no to give me permission to contact your child with information about youth group on their phones and email.