

# Park Ridge Community Church BLAST

**Mother's Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (for emergency use only): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (for emergency use only): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**My home church is:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

## Children Enrolling:

	NAME (First & Last)	Grade	Birthdate (M/D/YY)
1st Child	_____	_____	_____
2nd Child	_____	_____	_____
3rd Child	_____	_____	_____
4th Child	_____	_____	_____

## Emergency Contact (If parents cannot be reached):

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Insurance Coverage (company):** //AND// \_\_\_\_\_

**Group #** \_\_\_\_\_ **Membership #** \_\_\_\_\_

**Does this/these child/children have any specific health problems or limitations that our staff should be aware of? \_\_\_\_\_ If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent for Medical Care and Treatment of Minor Children:** I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ (child's/children's name(s)) authorize and give consent to medical procedures to be performed for my child/children by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's/children's health when I cannot be contacted. I waive my right of informed consent for such treatment.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_