

2017 – 18 Parental Consent Form Hillcrest



Introduction: Hillcrest strives to create a safe, secure, nurturing environment. To provide that experience Hillcrest uses the information below. Complete one form per minor.

Parent/Guardian Information

Complete Name _____
Home Phone (_____) _____ Your Cellphone (_____) _____
Street _____ City _____ Zip _____
Preferred Email Address _____
Emergency Contact Person _____ Phone (_____) _____
Adults to Pick Up Child _____

Participant Information

Complete Name _____
Date of Birth _____ / _____ / _____ (MM/DD/YYYY)
If Different Street _____
City _____ Zip _____
School Attending _____ Child's Grade _____
List Medical Conditions _____
List Medications _____
List Allergies? _____

Check the box(es) before activities at Hillcrest.

Awana Kids' Church MOPS Sunday School VBS Youth

Other _____

(Review back and sign)

Health Information

Emergency Treatment

In the event of an emergency, parent/guardian will be contacted as soon as possible.

When parent/guardian is not reachable, Hillcrest is authorized to determine medically necessary treatment when advised by a licensed health care professional. I understand I am responsible for medical bills incurred for treatment.

Participant's Health Insurance Provider Name _____

Policy Holder Name _____

Policy Number _____

Primary Physician's Name _____ Phone (_____) _____

Permission for Restroom Care

Approved Hillcrest volunteers can escort my child to the restroom. If requested, the worker may assist with basic tasks of care and hygiene. This may include the changing of a diaper.

Keeping Current

Regularly check the Hillcrest's Facebook page for current information related to activities for your child.

Promotion

Hillcrest has permission to use photographs and recordings of your child.

By signing this form, you agree to the statements on this consent form.

Signature _____

Date _____ / _____ / _____ (MM/DD/YYYY)