



Goss Memorial Church

2247 11th Street SW

Akron, Ohio 44314-2097

Emergency Contact/ Medical Form

Complete all that apply. All information will be kept confidential.

Attendee Name: _____ Gender: _____ Current Grade: _____

Address: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Address if different: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are there any custody concerns? Yes No

If yes, please explain: _____

Please list people your child is allowed to be released to: _____

Emergency contact

Contact Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Insurance information

Health insurance provider: _____

Policy Number: _____ Group Number: _____

Please list any allergies, medications or other medical conditions: _____

In the event of an emergency and I am unable to be reached, I authorize the adult leaders to use their best judgment in acting on behalf of my child, including the administration of emergency medical personnel. I will hold the medical personnel, the leaders, and Goss Memorial Church Harmless for their actions in such a situation.

Parent/Guardian Signature: _____

Date: _____