



EMERGENCY CONTACT FORM

YOUTH'S INFORMATION	
Full Name	
Birthday	
Phone Number <small>*If you consent to Staff contacting them directly</small>	
Home Address	
Allergies	
PARENT/GUARDIAN #1 CONTACT	
Full Name	
Relationship	
Phone Number	
Email Address	
Does the child stay with you full time? If not, what days?	
PARENT/GUARDIAN #2 CONTACT	
Full Name	
Relationship	
Phone Number	
Email Address	
Does the child stay with you full time? If not, what days?	
PARENT/GUARDIAN CONSENT	
Do you give permission for your child to ride in a vehicle with Cheektowaga Baptist Church staff/volunteers before, during, or after youth group meetings, activities or in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact you regarding Youth announcements and events? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consent to allowing photographs of your child taken during youth events be posted on CCBC social media? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I, _____, confirm that the information provided is accurate and give consent to be contacted regarding my child in the event of an emergency.	
Signature	Date