

Trindle Spring Lutheran Church
Emergency Information Form for Child and Youth Guests

Event: _____

Child/Youth name _____ Age _____

Address _____

Parent name(s) _____

Parent phone numbers: (home) _____ (cell) _____

Best person to contact in an emergency _____

Phone number _____

Visiting as a guest of _____ (TSLC member)

Parent phone number _____

Signature of parent or other adult assuming responsibility for this child or youth:

(signature)

(date)

(print name)

TSLC leaders: after the event, please return this form to the church office mailbox.