



HURT PENTECOSTAL HOLINESS CHURCH

"PRESENTING A CHANGELESS CHRIST TO AN EVER CHANGING CULTURE"

1212 Grit Road - Hurt, VA 24563 www.hurtphchurch.org

Minor Children Information Sheet

Information:

Full Name: _____ Preferred Name: _____

Date of Birth (mm/dd/yy): _____ Age: _____ School Grade: _____

Name of Parent(s) and/or Guardian(s): _____

Address: _____

Phone Number(s): _____ Email(s): _____

Allergies (including food allergies) or any other medical information that you would like for us to know:

What are some of your child's favorite foods (include snacks)? _____

Other emergency contact person(s) with phone number(s): _____

Permission Form:

I, _____, give my permission for _____ to be involved in the children's, youth, and other church ministries at Hurt Pentecostal Holiness Church. I give my permission to seek medical attention for my child(ren) in the event of an injury. In the event of an accident I will not hold Hurt Pentecostal Holiness Church liable. I understand that I am responsible for all medical expenses concerning my child(ren).

Signature of Parent and/or /Guardian: _____

Date: _____

Please provide insurance information and any other information that you would like for us to know on the reverse side of the page or attached to this sheet.

(08-12-2019)