



HANDS Parental-Legal Guardian Consent Authorized Individual Emergency Contact(s)

Child's Legal Name: _____ Date of Birth: _____

PARENTAL-LEGAL GUARDIAN

PRIMARY PAYER LEGAL NAME: _____

RELATIONSHIP TO CHILD: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

SECONDARY PAYER LEGAL NAME: _____

RELATIONSHIP TO CHILD: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

AUTHORIZED INDIVIDUAL EMERGENCY CONTACT(s)

- Authorized individual must be at least 16 years old. If person is a brother, sister, cousin please provide date of birth. As they will be authorized on their 16 birthday.
- Authorized individual must live in the surrounding Great Falls area, as they will need to be able pick up your child.

AUTHORIZED INDIVIDUAL: _____

RELATIONSHIP TO CHILD: _____ (Sibling or cousin) Date of Birth: _____

CELL PHONE: _____ WORK PHONE: _____

AUTHORIZED INDIVIDUAL: _____

RELATIONSHIP TO CHILD: _____ (Sibling or cousin) Date of Birth: _____

CELL PHONE: _____ WORK PHONE: _____

AUTHORIZED INDIVIDUAL: _____

RELATIONSHIP TO CHILD: _____ (Sibling or cousin) Date of Birth: _____

CELL PHONE: _____ WORK PHONE: _____

AUTHORIZED INDIVIDUAL: _____

RELATIONSHIP TO CHILD: _____ (Sibling or cousin) Date of Birth: _____

CELL PHONE: _____ WORK PHONE: _____

Primary Payer Signature: _____ Date: _____