



**THIRD PARTY CONTACT IN THE EVENT OF AN EMERGENCY**

**NAME OF CONGREGANT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

I grant permission for First-St. Andrew's United Church to identify the following persons on my behalf in the event of an emergency. This information will be treated confidentially by FSA staff and the Pastoral Care team.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**CELL PHONE**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**CELL PHONE**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TELEPHONE CONSENT OBTAINED** \_\_\_\_\_ **DATE** \_\_\_\_\_