



FCCLA Hero Day

Contact Form

April 29, 2017

YOUTH INFORMATION

Name _____ DOB _____ Male/Female

Grade _____ School: _____

Address: _____

Email: _____

Home Phone _____ Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

LIST ANY ALLERGIES:

MEDICAL CONDITIONS/RESTRICTIONS:

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)
("Participant"), to attend and participate in the FCCLA Hero Day at Rockcastle County High School on April 29,
2017.

Child/Youth's Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date