

TYGA'S DEN

PARENT / GUARDIAN CONSENT & EMERGENCY CONTACT

A Safe Space. Real Connection. Limitless Potential.

This form provides emergency contact information and general parent/guardian acknowledgments for participation at TyGa's Den.

GIRL & GUARDIAN INFORMATION

Girl's Full Name:

Parent/Guardian Name:

Primary Phone:

Alternate Phone:

Email:

EMERGENCY CONTACTS

Name	Relationship	Phone

IMPORTANT HEALTH / SAFETY INFORMATION

List allergies, medications, dietary restrictions, accessibility needs, or other information TyGa's Den should know in an emergency. If none, write 'None.'

Preferred hospital/medical facility (optional): _____

Health insurance carrier (optional): _____ Policy/Member ID (optional): _____

EMERGENCY AUTHORIZATION

If I cannot be reached in an emergency, I authorize TyGa's Den representatives to contact emergency services and seek appropriate emergency care for my child. I understand that I remain responsible for medical costs not otherwise covered.

ACKNOWLEDGMENT

_____ I will keep emergency contact information current.

_____ I will inform TyGa's Den of important health or safety changes.

_____ I understand this form does not replace activity-specific permission forms.

Parent/Guardian Signature:

Date:

TyGa's Den - Jacksonville, Florida