

Contact Information

Child Name _____ Parent/Guardian Name _____

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Phone Number – Check best and indicate if capable of receiving texts:

(Home) _____ (Work) _____ (Cell) _____

Emergency Contact _____ Phone No. _____

Parent Email: _____ Teen Email: _____

Medical Information — Completed by Parent or Guardian

Child's Name _____ Birth date _____

Child's Soc. Sec. No. * _____

Allergies _____

Medications _____

(Please Review and Check Box) I understand that for longer events, any required medication – including over-the-counter – will need to be discussed and logged with youth ministry.

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____

Member's Phone No. (h) _____ (w) _____

Member's Birth date _____ Member's Soc. Sec. No. * _____

Family Doctor _____ Phone No. _____

** Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.*