

**2019-2020 Contact Information – Please Print**

Child Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Child School & Grade (2019-2020 year) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent Email \_\_\_\_\_ Youth Email \_\_\_\_\_

**2019-2020 Medical Information — Completed by Parent or Guardian — Please Print**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Soc. Sec. No. \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

(Review & Initial) 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 Birthdate \_\_\_\_\_ Member's Soc. Sec. No. \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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