

**Contact information for Youth and Parents**

**(Youth Information)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Church: \_\_\_\_\_

**(Parent/Guardian Information)**

Parent's/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**(Medical Information)**

Medical Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Medical Insurance Telephone: \_\_\_\_\_

Any known food allergies: \_\_\_\_\_

Any known medication allergies: \_\_\_\_\_

Any known medical conditions: \_\_\_\_\_

**(Permissions)**

By signing below, I give Carlisle First Church of God permission to treat my child and/or to have my child transported to a local medical facility in the event that my child needs further medical attention. A member of the church will make an attempt to notify the parent/guardian.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I allow Carlisle First Church of God to take photos, videos and audio of my child. These are often used to show the congregation on Sunday Mornings, our shut-ins and for teaching purposes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_