



**Derry Presbyterian Church Children & Youth
Ministries
2016-2017 General Information & Medical Form**

Student's Name: _____ Birth Date: _____ Grade: _____

Address: _____ City/State: _____ Zip: _____

School Attending: _____

Activities Involved in: _____

Student's Email Address: _____ Facebook? Y/N Instagram? Y/N

Home Telephone: _____ Cell phone: _____ Texting? Y/N

Parent/Guardian Names: _____

Day Phone: _____ Cell phone: _____

Parent's Email Address: _____

Medical Insurance Carrier: _____ Policy #: _____

Group No.: _____ Subscriber's Name: _____

Primary Care Physician: _____ Phone: _____

Medications being taken by student: _____

Allergies: _____

Other Important Medical Information: _____

Emergency Contact (Other than Parent): _____

Relationship to student: _____ Phone: _____

I have filled out the above information accurately to the best of my knowledge. It is my responsibility to contact the church if this information changes. I authorize the Youth Leaders to administer basic first aid care and/or transport my child/youth to the closest healthcare facility, if needed. I will be contacted immediately.