



PERSONAL & CONFIDENTIAL

**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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

These forms are kept on file, photocopied, and brought with us to every event in which your child is participating.