

Youth Ministry Emergency/Medical Information
First Presbyterian Church of San Luis Obispo

This information is to be used for the program year of _____. If any information changes during the course of the year, please contact the Church Office immediately.

Participant Name _____ Date of Birth _____
School _____ Grade _____
Cell _____ Carrier (circle one) Verizon AT&T T-Mobile Other _____
Email _____ Street Address _____
City _____ Zip _____

Parent/Guardian _____
Cell _____ Carrier (circle one) Verizon AT&T T-Mobile Other _____
Home phone _____ Work _____
Email _____

Emergency Contacts

Contact #1 _____ Relationship to youth _____
Cell _____ Home _____ Work _____

Contact #2 _____ Relationship to youth _____
Cell _____ Home _____ Work _____

Medical Information

Family Doctor _____ Phone _____
Hospital _____ Phone _____
Health Insurance Co. _____ Phone _____
Policy # _____
Policy Holder Name _____ Date of Birth _____
ID (or SSN) _____

Please attach a copy of the front & back of the insurance card to the back of this page

Does the participant have any of the following? If yes, please list on back.

- Special diet, Allergies, Medication, Chronic/Recurring Illness, Surgery or a serious illness in the past 12 months _____
- Physical conditions that limit activity _____
- Learning disabilities/mental/issues _____

PC approved: January 19, 2016