

Youth & Adult Information/Contact Form

Name: _____ Gender: _____ Circle one: Youth Adult

Tel (H): _____ (W): _____ (C): _____

E-mail: _____

Street Address: _____

City, State, Zip: _____

Church Affiliation: _____

Medical Information

Doctor's name: _____ Telephone #: _____

Insurance Carrier and #: _____

Medical Conditions/allergies: _____

Medication(s): _____

When Taken: _____

I, the parent, authorize Deborah L. Carter, Linda Hayes or Kathy Wilkinson to obtain any needed emergency medical treatment while at an SPC Youth Group event. I also understand that SPC is not responsible for damage to or loss of youth's personal property.

Signed: _____ Date: _____
(parent signature)

Print name legibly: _____