First United Methodist Church, New Braunfels

CHILD/YOUTH INFORMATION & RELEASE FORM

Name: _____ Age: _____ Grade: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Date of Birth: _____/_____/_____

Youth Cell: _____

Youth email: _____

Church You Attend: _____

Father's Name: _____ Address (if different) :_____

Work Phone: _____ Cell/Other Phone: _____

Father's email: _____

Do you wish to receive weekly email updates? YES ☐ NO ☐

Do you wish to receive weekly text messages? YES ☐ NO ☐

Mother's Name: _____ Address (if different): _____

Work Phone: _____ Cell/Other Phone: _____

Mother's email address: _____

Do you wish to receive weekly email updates? YES ☐ NO ☐

Do you wish to receive weekly text messages? YES ☐ NO ☐

Name of another responsible adult: _____

Telephone: _____ Relationship to Child: _____

Physician's Name: _____ Phone: _____

Preferred Local Hospital Name & Address: _____

MEDICATION ROUTINELY TAKEN: _____

MEDICATION THAT CANNOT BE TAKEN: _____

Allergies: _____

Special health problems, concerns, dietary needs: _____

Insurance Company: _____ Phone: _____

Name of Insured: _____Group Number: _____

Policy Number: _____

Date of Last Tetanus Shot: _____