

**2009-2010**

# YOUTH INFO SHEET

Please help us provide the best care and support for your student as he/she attends FFMC Youth Group and other church activities by completing this information sheet and returning it ASAP to Stephanie Chatfield.

## Student Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Address \_\_\_\_\_ Home # (\_\_\_\_) - \_\_\_\_\_  
\_\_\_\_\_ Cell # (\_\_\_\_) - \_\_\_\_\_  
E-mail \_\_\_\_\_ School \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_  
Work # (\_\_\_\_) - \_\_\_\_\_ Cell # (\_\_\_\_) - \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name \_\_\_\_\_  
Work # (\_\_\_\_) - \_\_\_\_\_ Cell # (\_\_\_\_) - \_\_\_\_\_  
E-mail \_\_\_\_\_

*If there is anything else we need to know, please share with us on the back! Thank you!*

## Other Information

Please let us know about any **allergies** your student has and/or let us know if your student takes **medications** of which we should be aware.

\_\_\_\_\_

In the event a parent/guardian is unable to be contacted in an **emergency**, please provide **alternative contacts**.

1) \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_  
2) \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_

If an emergency exists and I, the parent/guardian, cannot be reached, I give my authorization to a staff member of First Free Methodist Church to permit care for my student in my absence.

Parent/Guardian Signature \_\_\_\_\_