

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 _____



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 _____