



### Personal Information Sheet

Confidential Information - Administrative Use Only

Name : \_\_\_\_\_ Age : \_\_\_\_\_

School : \_\_\_\_\_ Grade : \_\_\_\_\_

Special skills and talents (able to play instrument, sing, cook or bake, crafty, etc.):

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Is there anything we should be aware of that would prevent you from participating fully in this ministry or that would make you uncomfortable?

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### Medical Information

Allergies : \_\_\_\_\_

Medication: \_\_\_\_\_

Any other medical concerns? \_\_\_\_\_

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Doctor name: \_\_\_\_\_ Doctor phone number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

### Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency, medical or surgical treatment. I wish to be advised prior to any further treatment by hospital or doctor.

Parent / Guardian Name : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Parent / Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

### Emergency Contact Information

#### Primary Emergency Contact

Name (Please Print): \_\_\_\_\_ Relation to youth: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Ext.: \_\_\_\_\_

#### Secondary Emergency Contact

Name (Please Print): \_\_\_\_\_ Relation to youth: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Ext.: \_\_\_\_\_