

CHILD/YOUTH INFORMATION & RELEASE FORM
Episcopal Church of the Heavenly Rest, Abilene, TX

Name: _____ Age: _____ Grade: _____

Address: _____ City/State/Zip: _____

Gender: _____ Date of Birth: ____/____/____

Church You Attend: _____ School: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Address (if different): _____

Cell/Other Phone: _____ Work Phone: _____

Name: _____ Address (if different): _____

Cell/Other Phone: _____ Work Phone: _____

Family email(s): _____

Name of another adult to whom child/youth may be released: _____

Telephone: _____ Relationship to Child: _____

Physician's Name: _____ Phone: _____

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: _____

