

EMERGENCY INFORMATION

I would like to keep this information on file to use for future Northfield Community Church events.

Yes, keep my information on file for future 2010 events. (Info will be kept for 1 year from submission.)

No, I will resubmit information for future events.

BASIC INFORMATION

Participant Last Name: _____ First Name: _____

Participant Birth date ____/____/____ Grade completed in Spring of 2011: ____

Youth Mobile Phone: ____-____-____ Parent Email: _____@_____

Home Address: _____ City _____ State ____ Zip _____

Home Phone: ____-____-____

Father Name: _____ Father Contact Phone: ____-____-____

Mother Name: _____ Mother Contact Phone: ____-____-____

EMERGENCY CONTACT INFORMATION

Emergency Contact 1: _____ Phone: ____-____-____ Relationship: _____

Emergency Contact 2: _____ Phone: ____-____-____ Relationship: _____

Emergency Contact 3: _____ Phone: ____-____-____ Relationship: _____

MEDICAL INFORMATION

A NCC Team Leader may administer the following checked OTC medication to the participant, if needed:

Tylenol Ibuprofen Benadryl

Name of Physician/Practice: _____

Office location: _____ Physician's Office/On-call Phone: ____-____-____

Teen suffers from the following (check all that apply):

Diabetes Orthopedic Problems Cardiac Problems Asthma
 Sleepwalking Dizziness/Fainting ADHD/ADD Eating Order
 Epilepsy Motion Sickness Stomach Problems Other: _____

Please explain checked item(s): _____

MEDICATION: This information will be kept confidential. It is important that all medications are listed. Please specify any prescription medication(s) being taken and the dosage: _____

