Hoyleton Buddies 2018 Church/Town _____

Youth & Adult Registration - Health Information (Print in ink or Type.)

Name of Attendee (First)_____(Last)_____

Attendee Phone #1 Circle: Day / Evening / Cell **Attendee Phone #2 Circle: Day / Evening / Cell**

_____ _____

Date of Birth_____ Age as of June 2018_____ Grade_____ Gender_____

Mailing Address_____

City _____ State _____Zip Code _____

E-mail_____

Custodial Parent / Guardian (if youth)_____

Phone #1 - ***Circle Applicable:*** Day / Evening / Cell Phone #2 - ***Circle Applicable:*** Day / Evening / Cell

_____ _____

Food Allergies / Special Dietary Needs (Please be specific.)_____

_____

Limitations or Restrictions on Activities_____

_____

Current Medical Conditions, including Allergies (Describe any medical conditions that might be affected by strenuous or general event activities, for example, any muscle or skeletal issues, allergies to animals, etc.).

_____

_____

Date of Last Tetanus Shot (month/year)_____Approximate Weight (for medication administration)_____

Prescription / Over-the-Counter Medications to be taken during event (List times and dosages.)_____

_____

Any additional health information church advisors/event leaders should be aware of (surgery or serious injuries, chronic or recurring illness/medical condition, psychiatric counseling or indications, recent traumas, life changes, etc.).

_____

_____

ADDITIONAL EMERGENCY CONTACTS (*if parent/guardian listed above CANNOT be reached):*

NAME_____ Day Phone (_____)_____

Relationship_____ Evening Phone (_____)_____

NAME_____ Day Phone (_____)_____

Relationship_____ Evening Phone (_____)_____

Name of Physician_____ Phone (_____)_____

Name of Dentist/Orthodontist_____ Phone (_____)_____

Medical/Hospital Insurance: Carrier_____

I.D. / Policy / Group #_____

Dental Insurance: Carrier_____

I.D. / Policy / Group #_____

Special Insurance Instructions_____

**** ATTACH A COPY OF THE FRONT & BACK OF HEALTH INSURANCE CARD TO THIS FORM ****