



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 ****