

**First Baptist Church
Tallahassee, Florida
Personal Information Form
Children and Youth Ministries Program Participation**

This form must be filled out and submitted annually.
This form is in effect for the calendar year 2013.

PLEASE PRINT

This form was submitted or updated on _____ (Date).

Full name of child/youth: _____

Nickname: _____

Date of Birth: _____ Current Grade: _____ School: _____

Address with city and zip code: _____

Child/Youth phone numbers with area code:

Home: _____ Cell: _____ Carrier*: _____

Child/Youth email (please print): _____

	Mother's Information	Father's Information
Name		
Employer		
Work Phone w/area code		
Cell Phone w/area code		
Carrier*		
Home Phone w/area code		
Email		
Address (if different)		

*Carrier - If you would like to receive text messages, please include your cell phone carrier.

Please provide information for a guardian if that info differs from any of the above.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Additional Information: Name and phone number of additional contact person in case of emergency. (This should be someone who is familiar with family members and who would likely know where a parent or guardian can be located.)

Name Phone

Medical Information:

Name of child's physician: _____

Physician's phone number (area code): _____

Insurance Information:

Company: _____

Name of Policyholder: _____ Group/Policy # _____

Does your child:

- a) Have allergies to:
 Food (Y / N) If Yes, please list and explain. _____
 Medications (Y / N) If Yes, please list and explain. _____
 Other (Y / N) If Yes, please list and explain. _____

- b) Have any physical restrictions which limit activities? (Y / N) If yes, list specific activity and provide explanation:

- c) Presently take any kind of medication? (Y / N) If Yes, please list and explain.

NOTE: All medications must be described, including name of medicine and dosage amount, how and when administered and given to the assigned chaperone in prescription containers prior to activity/event (*attach list if necessary*).

Date of child's last Tetanus shot (DPT): _____

Please provide in the space below any additional comments you would like to make regarding your child's physical or mental health.

The information provided above is correct and complete to the best of my knowledge. It is the responsibility of the parent or guardian to update this information as needed.

Parent/Guardian Signature

Date