



Youth Information Sheet

Child's Name _____ Birth Date ____/____/____ Sex ____ Age ____

Address _____

Phone (____) ____-____ Email _____

May we contact by: Mail? ____ Phone? ____ Text? ____ Email? ____ Scheduled Visit? ____

Mother's Name _____

Address (if different) _____

Phone (____) ____-____ Email _____

Father's Name _____

Address (if different) _____

Phone (____) ____-____ Email _____

Emergency Contact (if parents cannot be reached): _____

Health Information:

Allergies	Medications	Medical History	Physical/Dietary Restrictions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Local Hospital Preference _____

Emergency Authorization:

I understand that in the event of an emergency, every reasonable attempt will be made to contact a parent or guardian, however, should these attempts be unsuccessful, I hereby give permission to the physician selected by the Brookwood Baptist Church adult in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia and/or surgery for the child named above. I give my permission for this form to be copied and kept on file for on and off site events.

Signature of Parent or Guardian

_____ Date _____