

Community Presbyterian Church  
Children & Youth Ministries Minor Information Form  
Valid 08/01/18-07/31/19

Minor full name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Minor phone (if applicable): \_\_\_\_\_ Okay to text?  Yes  No

Minor email: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Parent/Guardian primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

- I would like to receive CPC Youth information emails
- I would like to receive CPC Kids information emails
- I would not like to receive emails at this time

Health Insurance Information

Primary Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Emergency Contact Information

*In an emergency, please notify one of the following:*

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical History

Please describe any special considerations regarding minor (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc.): \_\_\_\_\_

Please list the name, dosage, and purpose of medications currently being taken by minor: \_\_\_\_\_

Does minor have any drug allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

Does minor have a communicable disease or medical condition that may be a risk to others?  Yes  No

If yes, please describe: \_\_\_\_\_

Has minor had all school required vaccinations?  Yes  No Date of last tetanus: \_\_\_\_\_