

Youth Ministry Student Information
Ridgedale Baptist Church
2012 – 2013

Youth Information

Youth's Name: _____

Youth's Name: _____

Birth Date: _____

Birth Date: _____

Email Address: _____

Email Address: _____

Cell Phone: _____

Cell Phone: _____

Does your child text? Yes No

Does your child text? Yes No

Cell Phone Carrier: _____ (for texting)

Cell Phone Carrier: _____ (for texting)

Parents/Guardian Information

Father: _____

Mother: _____

Address: _____

Address: _____

City: _____ **Zip:** _____

City: _____ **Zip:** _____

Home Phone: _____

Home Phone: _____

Email Address _____

Email Address _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell: _____

Cell: _____

Do you text? Yes No

Do you text? Yes No

Cell Phone Carrier: _____

Cell Phone Carrier: _____

Marital Status: Married Divorced

If separated or divorced who has legal custody?

Separated Widowed

Mother Father Other _____

Single

(Court papers are required if the non-custodial parent cannot pick-up.)

Emergency Contact

Name: _____

Phone #1 _____

Relation: _____

Phone #2 _____

Name: _____

Phone #1 _____

Relation: _____

Phone #2 _____

Medical Information

In the event of an emergency, every effort will be made to reach parents. If parents cannot be reached I authorize Ridgedale Baptist Church to take any of the following actions, depending on the severity of the emergency: (Please check ALL that apply)

- Please take my child to the nearest emergency room Children's Hospital or Fort Sanders Downtown Knox.
 Please take my child ONLY to Children's Hospital

We will contact EMS (911) anytime we feel that it is warranted.

Medical Insurance Yes No **Insurance Company:** _____

Policy/Group ID#: _____

Physician _____

Phone: _____

Please list any special medical needs or allergies (environmental, food and medical):

Does your child have any hearing or speech problems? Yes No **If yes, describe:**

Please answer the following questions:

1. Is your child currently taking any medication?

Yes No

2. Does your child have any allergies or reactions to insect stings or bites?

Yes No **Describe:** _____

3. Has your child had asthma or wheezing?

Yes No

4. Has your child ever had chicken pox?

Yes No **Date:** _____

5. Has your child had allergic skin reactions such as hives, welts, contact dermatitis, etc?

Yes No **Which ones:** _____

I understand it is my responsibility to change any information on this form as needed. I also understand that my child will not be released to anyone who is not on this form. By this signature, I am verifying that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____