

# Youth Ministry Database Information

Teen's Name: \_\_\_\_\_

Teen's DOB: \_\_\_\_\_

Circle: **Male** **Female**

Grade: \_\_\_\_\_

Circle School: **Fairport** **Mercy** **McQuaid** **Penfield** **Pittsford**

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

\_\_\_\_\_

Home phone: \_\_\_\_\_

*Alternative Address:* \_\_\_\_\_

\_\_\_\_\_

*Home phone:* \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's cell: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's cell: \_\_\_\_\_

Teen's email: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

\_\_\_\_\_

Teen's physician's name: \_\_\_\_\_

Physician phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance number: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any medical History that I need to be aware of for your child's safety at different Youth Ministry events:

\_\_\_\_\_

\_\_\_\_\_

Any medications that I need to be aware of for your child's safety at different Youth Ministry:

\_\_\_\_\_

## General Permission:

IN CASE OF ACCIDENT OR ILLNESS, THE ADULTS IN CHARGE HAS MY PERMISSION TO SECURE PROPER MEDICAL CARE. I RELEASE THE ST. JOHN OF ROCHESTER PARISH STAFF AND VOLUNTEERS FROM ANY CLAIM ARISING OUT OF ANY ACCIDENT OR OCCURRENCE, CAUSING INJURY TO ANY PERSON OR PROPERTY DURING YOUTH MINISTRY EVENTS.

PARENT OR GUARDIAN  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_