

First Congregational Church of Darien
Registration and Medical Form
Youth Group Sponsored Activities 2009-10

• • • • • **Registration Information** • • • • •

Youth's Name: _____ Date of Birth: _____

Address: _____

Email Addresses— Parent: _____ Youth: _____

Additional emails: _____

Home Phone: _____ Work Phone: _____

Cell Phones— Parent: _____ Youth: _____
Parent: _____ (Please star who should be called first)

Grade: _____ School: _____

Medical Insurance Company & Policy Number: _____

Emergency Contact—Name: _____
(other than parent)

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

• • • • • **Medical Record** • • • • •

Age: _____ Height: _____ Weight: _____

Known Allergies/Medical Conditions: _____

Current Medication (including birth control): _____

Recent operations/major illness (specify problem and date): _____

Date of last Tetanus Booster (within last 10 years): _____

Physician's Name: _____

Address: _____

Phone Number: _____