

SPC Youth & Adult Information/Contact Form

This information is required of all those who participate in Summerville Presbyterian Youth Group events. It will be kept on file in a notebook by the Director of Youth & Education. The notebook will be brought to all events.

Name: _____ Gender _____ Circle one: Youth Adult

Telephone: (H) _____ (W) _____ (C) _____

e-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ \

Church Affiliation: _____

Medical Information

Doctor's name: _____ Telephone: _____

Insurance Carrier and #: _____

Medical conditions/allergies: _____

Medication(s): _____

When taken: _____

I, (parent or guardian), authorize Deborah L. Carter to obtain any needed emergency medical treatment while at a SPC event. I also understand that Summerville Presbyterian Church is not responsible for damage to or loss of youth's personal property during events.

Signed: _____ Date: _____

Print name legibly: _____