

**PERSONAL & MEDICAL YOUTH INFORMATION ~ 2010**

NAME \_\_\_\_\_ AGE \_\_\_\_ DOB \_\_\_\_\_  
SS# \_\_\_\_\_ (Optional) Home Phone \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_ EMAIL \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_  
PARENTS' CEL #'s \_\_\_\_\_  
PARENTS' EMAIL \_\_\_\_\_  
PARENT WORK PH.# \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_  
PHONE # \_\_\_\_\_  
ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_  
CURRENT/CHRONIC MED.CONDITIONS \_\_\_\_\_  
OTHER NECESSARY NEEDS OR INFORMATION \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
INSURANCE CO. \_\_\_\_\_  
POLICY # \_\_\_\_\_ PHONE \_\_\_\_\_

BEHAVIORAL NEEDS/INFORMATION \_\_\_\_\_

*I (youth) \_\_\_\_\_ agree to follow the rules and instruction of the Centenary UMC UMYF leadership when I am a participant in any UMYF activity or trip. I understand that by going against any given instruction, I am breaking this covenant, may be disciplined accordingly, or possibly excluded from specified future UMYF activities. I also agree to handle any compromising situations, within the UMYF, with as much Christian attitude as possible, and will take difficult issues to the adult leadership available.*

SIGNED (youth) \_\_\_\_\_ DATE \_\_\_\_\_