Youth’s Name: ___________________________________________ Age: ______

Parent/Guardian or Other Person to Be Notified in case of injury or illness:
Name: ____________________________ Preferred Phone #1: _______________________
Relationship ___________________________ Preferred Phone #2: _______________________

Second Parent/Guardian or Other Emergency Contact:
Name: ____________________________ Preferred Phone #1: _______________________
Relationship ___________________________ Preferred Phone #2: _______________________

Additional Contact in event parent/guardian or others cannot be reached:
Name: ____________________________ Preferred Phone #1: _______________________
Relationship ___________________________ Preferred Phone #2: _______________________

Brief Health History (If “yes” please explain):
Any medical conditions or special needs or circumstances?  O Yes or O No ___________________________
Any dietary, environmental or medicine allergies?  O Yes or O No ___________________________
Any prescription medications?  O Yes or O No ___________________________

(Please Note: If parent chaperoning their own child they do not need to fill out this sheet)