

Wonderful Wednesday Youth Group

2008—2009

Emergency contact information

Child's-

name: _____

Parents Contact:

Father's Name: _____ Home # _____
Work # _____ Cell # _____

Mother's Name: _____ Home # _____
Work # _____ Cell # _____

Emergency Contact (if parents are unavailable):

Name: _____ Phone # _____
Relationship: _____ Cell # _____

Child's Medical information:

Physician: _____ Phone # _____

Physician's Address _____

Insurance: _____

Allergies: _____

Special needs: _____

Parents Signature: _____ Date: _____

Thank you for helping make "Wonderful Wednesday Youth Group"
so wonderful this year!!!