

# Youth Group Emergency Contact Information Sheet

## Participant Information

Full Name

Age

Date of Birth

Home Address

## Parent/Guardian Information

Parent/Guardian Name

Relationship

Phone Number

Email

Alternate Parent/Guardian Name

Relationship

Phone Number

Email

## Medical Information

Allergies

Medical Conditions

Medications

Doctor's Name

Doctor's Phone

## Emergency Contact (Other than Parent/Guardian)

Contact Name

Relationship

Phone Number

Additional Notes

Notes