

Child/Youth Contact and Emergency Information

Name: _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Gender: Male Female

Age: _____

Insurance Information Health Insurance Company: _____

Name of Insured: _____

ID number: _____ Group/Policy #: _____

Contact Phone Numbers

Please complete relevant information and check boxes of custodial parents or legal guardians.

Mother's Name: _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Father's Name: _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Step-Mother's Name: _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Step-Father's Name: _____

Work Phone () _____

Cell Phone () _____

Legal Guardian's Name: _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Youth contact information (if different than above)

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Emergency Contact Information (other than the people noted above)

Name: _____ Home Phone () _____

Work Phone () _____ Cell Phone () _____

Relationship to child: _____

Primary Care Physician Information

Current Physician: _____

Physician Address: _____

Physician Phone () _____ Physician Fax () _____

School Information

Current School: _____ Grade: _____

Primary teacher's name: _____

Main contact at school: _____

School phone number () _____