

2016-2017 Student Information Form
First Church, Simsbury
689 Hopmeadow Street, Simsbury, CT 06070

Student Information

Name _____ Grade _____ Date of Birth _____ T-Shirt Size _____

Cell Phone # _____ Email Address (if checked regularly) _____

Street Address _____ City _____ Zip Code _____

Special Interests

Do you sing or play an instrument? Y or N If so, what do you play? _____

Are you in any music or theater groups? Y or N If so, what groups? _____

Do you play any sports? Y or N If so, what sports? _____

Are you in any clubs at school? If so, what clubs? _____

Name two hobbies, or things you like to do for fun _____

Parent/Guardian Information

Parent/Guardian #1 Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address (if different from student) _____ City _____ Zip _____

Parent/Guardian #2 Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address (if different from student) _____ City _____ Zip _____

Emergency Contact Information If parents cannot be reached, please contact:

Emergency Contact #1 Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact #2 Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parental Permission for Youth Activities

I, _____, give my child permission to attend Youth Activities sponsored by First Church, Simsbury, between July 1, 2015 and July 1, 2016. I understand that these activities will be supervised by Rev. Kevin Weikel, Associate Minister for Youth and Young Adults, and/or appointed adult leaders of the Youth Groups. I agree to give emergency information to the adult in charge if it is different from the information submitted on this form.

Parent/Guardian Signature _____ Date _____

Publication Release

I authorize First Church, Simsbury, to use pictures of my child for church- related publications.

Parent/Guardian Signature _____ Date _____

Medical Consent

I the undersigned parent or guardian of _____, a minor, acknowledge that this form is filled out to the best of our ability and do hereby authorize Rev. Kevin Weikel, Associate Minister for Youth and Young Adults, and/or appointed adult leaders of the Youth Groups as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care which is rendered under the supervision of any physician, surgeon, or dentist whether diagnosis and treatment is in a hospital or office of said physician.

Parent/Guardian Signature _____ Date _____

Insurance Information

Family Physician _____ Phone _____

Address _____

Insurance Carrier _____

Group Number _____ Policy Number _____

Medical Information

Please put an "X" in the appropriate box, specify where indicated:

Allergies- please specify type and reaction _____

Other Health Concerns/Condition _____

Medications Taken Daily _____
