Youth Name:		
Address:		
DOB:/Youth Email:		
outh Cell #:		
Grade: School:		
Parent/Guardian Information: Mother/Guardian:	Phone:	
Momer/Guardian.		
Address (if different):	Email:	
Father/Guardian:	Phone:	
Address (if different):	Email:	
In the event that a parent/guardian or relatives/friend in case of an emerger	cannot be reached, please contact the following ncy:	
Name:	Phone:	
Name:	Phone:	
Insurance Information:		
Ins. Co.: Gro	oup#: Policy#:	
Ins. Co. Address:		
	Cardholder:	
Youth Relationship to Cardholder:		

FPC Hickory Youth 2025-2026 Youth Info and Medical Form



Personal Medical Information:

Dr's Name:	Phone: ()
Special Health Conditions:	
(Asthma, diabetes, allergies, etc.), and contact lenses, etc.):	d/or Special Instructions (Allergic to certain meds, wears
List of Medications & Dose Information	:
off-site functions sponsored by First Pre the said church and the accompanying responsibility which may arise during the treatment as deemed necessary in the the health information described above	nowledge that our son/daughter has permission to attend sbyterian Church, Hickory, NC; and I do hereby release ng adult advisors from any legal liability or financial ne course of the function(s). I hereby authorize emergency e event I cannot be contacted immediately. I realize that we will be kept in confidence. However, I give my adult in charge of a function on a need to know basis as
Parent/Guardian Signature:	Date:
Media Release: First Presbyterian Chur	ch (FPC), Hickory, NC has permission for to be photographed with the understanding
that the photograph may be in/on neother media.	wspapers, Facebook, Instagram, FPC's website, and/or
Parent/Guardian Signature:	Date: