First United Methodist Church of Evanston 2021 Master Medical Form

Family Information

Youth Name			rth Date	Age _	
Last	First		Middle		
Parent or Guardian _			Phone		
Home Address					
	Street & Number	Cell Phone	City	Si Email	tate Zip
Cell Phone		Cell Phone		Eman	
Business Address	Street & Number	City	State	Zip Business Phon	ne ()
	Street & Number		State	Business Phon	ne ()
	Street & Number	City	State	Zip	
If not available in an	emergency, notify:				
Name		Phone ()		Rusiness Phone	()
				Databases I acade	
Cell Phone ()				
Care Provide	rs				
Name of family	physician			Phone ()	
3.6-31-10					
Medical/nospital	insurance Carrier		Ph	one ()	
Policy#	G	roup #			al/hospital insurance.
		10up #		nave no means	ir irospitar arstrance.
	Please i	attach copy of it	nsurance card	(both sides).	
provide our youtl given to us as up	formation must be fil n staff with backgrou dates are necessary. I n and management of	nd to provide : List all known	appropriate ca	are. Any changes t	to this form should be
	ONSENT FORM				
I (Parent/Guar	dian full name),				RE FOR MINOR.
Transportation retreats, service	ion for my child to a for medical/hosp be projects and oth Evanston, IL, 60	oital treatme ner activities	nt while pa with First	rticipating in yo United Method	outh events,
Parent or Guardi	an's Signature	Date	_		