

Youth & Adult Registration–Health Information

Festival of Faith 2020

February 15-16, 2020

Church/Town _____

Name of Attendee (First) _____ (Last) _____

Attendee Home Phone _____ Attendee Cell Phone _____

Date of Birth _____ Age as of Feb 2020 _____ Grade _____ Gender _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail of Attendee _____ Email of Parent _____

Parent's name _____ Parent's name _____

Phone # _____ Phone # _____

MEDICAL INFORMATION:

Food Allergies: No known food allergies Tree nuts Eggs Shell fish Peanuts
 Milk Fish Soy Other

Diet & Nutrition: Eats a regular diet Gluten-free diet Vegetarian Vegan Special food needs
(please describe) _____

Limitations or Restrictions on Activities: _____

Allergies: No known allergies Medicine (list) _____
 Environmental (insect stings, animals, hay fever, etc.) Other _____

Current Medical Conditions: Describe any medical conditions that might be affected by strenuous or general event activities

Date of last Tetanus Shot: (year) _____ *Approximate Weight:* (for medication administration) _____

Prescription / Over-the-Counter Medications to be taken during event (list times and dosages) _____

Any additional health information church advisors/event leaders should be aware of (surgery or serious injuries, chronic or recurring illness/medical condition, psychiatric counseling or indications, recent traumas, life changes etc.) _____

ADDITIONAL EMERGENCY CONTACTS (if parent/guardian listed above CANNOT be reached):

NAME _____ Phone #1 (_____) _____

Relationship _____ Phone #2 (_____) _____

NAME _____ Phone #1 (_____) _____

Relationship _____ Phone #2 (_____) _____

Name of Physician _____ Phone (_____) _____

Insurance Information

Carrier _____ Group # _____

ID # _____ Primary Insured _____