

2016-2017



[youth medical form]

journey's crossing youth ministries
23 w. diamond ave • gaithersburg, maryland 20877
[o] 310.963.9250 ext 104

Youth Information:

Name: _____
Address: _____

City/State: _____
Zip Code: _____
Birthdate: _____ Grade: _____ Age: _____
Email: _____
Cell (parent): _____
Home Ph#: _____
Cell (youth): _____

Primary Care Physician Information:

Name: _____
Address: _____

City/State: _____
Zip Code: _____
Phone: _____

Insurance Information:

Is youth covered by hospital insurance?
 Yes No
Insurance Co. _____
Subscriber ID No. _____

Emergency Contact(s) Information:

Name (1): _____
Address: _____

City/State: _____
Zip Code: _____
Phone: _____
Relationship to Youth: _____

Name (2): _____
Phone: _____
Relationship to Youth: _____

Medical Information:

Please list any allergies or special medical problems.

Please list any medications being taken currently.

Any other helpful information?

Signature of parent/legal guardian

Date of signature