Marysville UMC YOUTH MINISTRIES HEALTH INFORMATION AND PERMISSION SLIP July, 2016 – September 1, 2017

HEALTH INFORMATION

	School & Grade	B	irthdate
Home PhoneA	address	CitySta	iteZip
Youth Cell Phone	txt? Y / N Guardian C	ell Phone	txt? Y / N
outh email	Parents email		
Name of Guardian(s) .ist all allergies (seasonal, medical, or f	Food)		
Emergency Contact 1	Phone	Relationship_	
Emergency Contact 2	Phone	Relationship_	
nsurance Provider	Group #	Member#	
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Parent/Guardian Signature______Printed name_____

_date____