

**Individual Registration &
Emergency Medical Information Form (You can use the medical form from your church
if you choose. Be sure to bring it along!)**

Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip _____

Male Female Date of Birth _____ T-shirt size _____

Email: _____ Grade 6 7 8 Adult Leader

Mother's Name: _____ Cell # _____

Father's Name: _____ Cell # _____

Other Emergency Contact: _____

Relationship to person: _____ Phone # _____

Do you have any special needs: _____

Emergency and Health Information (If yes to any questions, please provide an explanation and pertinent information)

Date of last Tetanus shot? _____

Do you have:

Allergies _____ Heart Condition _____

Diabetes _____ Other _____

Do you have a reaction to:

Bee Stings _____ Penicillin _____ Other Drugs _____

Plants _____ Other _____

Are you subject to:

Headaches _____ Seizures _____ Fainting _____

Sleep walking _____ Asthma _____ Other _____

Any serious illness or surgery in the past 10 years? _____

Any condition that would prevent participation in activities? _____

Any drugs ineffective in treatment? _____

Sight or hearing impaired? _____

Please list all medications currently being used _____

Please indicate anything else that would be important for adult leaders to know in case of emergency

I will participate fully in the District Middle School Gathering and seek to help others to do the same.

Participant's Signature _____ Date _____

Parent's/Guardian Signature (for those under 21) _____ Date _____

Primary Adult Leader's Signature _____ Date _____