

Calvary Lutheran Church Youth Health Form

Name: _____

Address: _____

Parent or Guardian(s): _____

Address (if different from youth) _____

Home phone: _____ Alternate phone: _____

e-mail address: _____

Emergency contact if above is not available: _____

Phone: _____

Please list any health concerns or allergies:

Are these life-threatening? _____ Alberta Health Care Number: _____

Please list any medications:

(Please ensure that any medications taken on events are in their original containers with youth's name and dosage clearly visible.)

Parent signature _____

Date: _____