

# gForm: Gooth Information Form

CPC 2020-2021

Youth Name \_\_\_\_\_ Youth Home # \_\_\_\_\_  
(First and Last)

Youth Address \_\_\_\_\_  
(City) (State) (Zip)

Youth Cell # \_\_\_\_\_ Youth Email \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Sibling(s) \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

YOUTH MOM DAD

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I check my email regularly (i.e., at least once every day or two)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I do NOT check my email regularly (i.e., I may go days or more without checking it) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am on Facebook  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I use texting, and you can text me if needed  |

**PLEASE CHECK ONE (1) FOR EACH PERSON:**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am a member of Clemmons Pres. (by confirmation, transfer, or profession) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am (affiliated with/a regular visitor of) Clemmons Pres.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am NOT a member of any church.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am a member of _____ church.   |

My Parent/Guardian Information is completed on another youth's form:  Yes (If yes, do not complete remainder of form)  
Does your youth live at more than one address?  Y  N If Yes, should mailings go to both addresses?  Y  N

**Mother/Guardian (& Stepfather, if applicable) info:**

Name(s) (first and last) \_\_\_\_\_

Address \_\_\_\_\_  
(Leave blank if same as youth address above) (City) (State) (Zip)

Home # (Leave blank if same) \_\_\_\_\_ Cell # \_\_\_\_\_

Home/Personal email(s) \_\_\_\_\_

Place of work \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work email \_\_\_\_\_  
 You MAY call me at work, if needed  Please do not email me at work on a regular basis

**Father/Guardian (& Stepmother, if applicable) info:**

Name(s) (first and last) \_\_\_\_\_

Address \_\_\_\_\_  
(Leave blank if same as youth address above) (City) (State) (Zip)

Home # (Leave blank if same) \_\_\_\_\_ Cell # \_\_\_\_\_

Home/Personal email(s) \_\_\_\_\_

Place of work \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work email \_\_\_\_\_  
 You MAY call me at work, if needed  Please do not email me at work on a regular basis

**Alternate Emergency Contact info (when parents not available): REQUIRED**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip)

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship \_\_\_\_\_ (cell) \_\_\_\_\_

Check here if you would like this Alternate contact added to our regular mailing/emailing list  
(i.e., this is a relative who is active in your youth's church life and would like to stay informed.)

**gMed: Gooth Medical Information Form  
Clemmons Presbyterian Church Gooth  
2020-2021**

Youth's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Insurance Policy Name \_\_\_\_\_ # \_\_\_\_\_

**PLEASE SUBMIT A COPY OF BOTH SIDES OF YOUR HEALTH INSURANCE CARD**

Employer (if group plan) \_\_\_\_\_

Insurance Phone # \_\_\_\_\_ Hospital Preference (if any) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Current Medications & Schedule \_\_\_\_\_

Known allergies \_\_\_\_\_

Special Dietary needs \_\_\_\_\_

Please list any special or medical needs that we should be made aware of \_\_\_\_\_

Check if your youth has a history with these medical problems:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Hay Fever          | <input type="checkbox"/> Blood Pressure Problem | <input type="checkbox"/> Kidney Problem |
| <input type="checkbox"/> Convulsions        | <input type="checkbox"/> Ulcers                 | <input type="checkbox"/> Asthma         |
| <input type="checkbox"/> Lung Problem       | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Heart Disease  |
| <input type="checkbox"/> Bee Sting reaction | <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Diabetes       |

Other pertinent medical history: \_\_\_\_\_

Date/Year of most recent Tetanus shot \_\_\_\_\_

**Photography Authorization:** I do  do not  (check one) give Clemmons Presbyterian Church the right to take photographs of my child. I do authorize  do not authorize  (check one) Clemmons Presbyterian Church to use and publish these photos without his/her name to be used for the purpose of publicity, illustration, advertising, and Web content.

**Medical Authorization:** I do hereby authorize officials of the Clemmons Presbyterian Church to contact directly the persons named on this form, and do authorize the named physician or associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents, guardians, or other persons named on this card cannot be reached, the Clemmons Presbyterian Church officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child.

**I HAVE READ THIS FORM AND AGREE TO THE STATEMENT AS IT IS WRITTEN**  
CPC Youth Emergency Information Forms submitted via email are considered signed by parent(s) or legal guardian(s).

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_