

# St. Andrew United Methodist Church Emergency Information Form

This form will be kept on file for one year

Please fill out form in blue or black ink.

Name \_\_\_\_\_  
Last First Middle Initial

Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_



Please list three Emergency Contacts

Emergency Contact #1 \_\_\_\_\_

Relationship to Child/Youth \_\_\_\_\_ Email \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cellphone \_\_\_\_\_ Use Texting? Yes No

Emergency Contact #2 \_\_\_\_\_

Relationship to Child/Youth \_\_\_\_\_ Email \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cellphone \_\_\_\_\_ Use Texting? Yes No

Emergency Contact #3 \_\_\_\_\_

Relationship to Child/Youth \_\_\_\_\_ Email \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cellphone \_\_\_\_\_ Use Texting? Yes No