

St. Elizabeth Ann Seton Church
310 Hertzler Rd.
Mechanicsburg, Pa. 17055
Religious Education Office 697-3545

**YOUTH MINISTRY MEMBER INFORMATION
AND EMERGENCY FORM
2008-2009**

Participant's Name:

(Last) _____ (First) _____ (Middle Initial) _____

Address _____

Home Phone _____ Cell Phone: _____

E-mail address (if available) _____

Date of birth _____

Medical Insurance Carrier _____

Policy or Hospitalization Number _____ Group # _____

If you participate in an HMO please list the provider and phone number.

Provider _____ Phone Number _____

Please list any medical conditions, allergies, medications or other limitations:

Parent Information:

Mother's name _____ Father's name _____

Address _____ Address _____

Phone: Home _____ Phone: Home _____

Work _____ Work _____

Cell _____ Cell _____

Family e-mail address _____

Signature of Parent or Guardian _____

Date _____