

ALL SOULS INTERFAITH GATHERING YOUTH PROGRAM HEALTH FORM

General Information

All Souls Interfaith Gathering Youth Program: _____

Youth's Name: _____ Age: _____

Gender: _____ Date of Birth: _____

Parent(s)/Guardian(s) Names: _____

Phone: _____ home Phone: _____ work

Address: _____

Health History

Please list any allergies, dietary requests and special needs: _____

Youth's Physician: _____ Phone: _____

If a parent/guardian cannot be contacted in an emergency, please contact:

Name: _____ Relationship _____

Phone: _____ home Phone: _____ work

In an event of an emergency, do you give us permission to contact your physician and/or seek emergency care?

yes no _____
signature

Program Logistics

May we re-produce All Souls Interfaith Gathering Youth program pictures in which your child may appear? yes no

Who will be transporting your youth to and from class? (name and relationship to youth) (if someone other than this individual will be picking up your youth, please send a signed note to class on that day)

There is a \$50 fee for the COA program, checks to be made out to ASIG with youth's name and COA program in the memo.

We have scholarships and work trade available contact Lisa Desmond at ASIG for information.