

St. Rose of Lima Life Teen Grades 9-12  
6451 Park Ave, Milton, Fl 32570  
850-623-3600 ext 16

Child's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ M F Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
Are you a registered member of St. Rose of Lima? Y N Teen Cell Phone: \_\_\_\_\_  
Parent E-mail: \_\_\_\_\_  
(If No, please fill out a Parish Registration form) Teen E-mail: \_\_\_\_\_  
T-shirt size: S M L XL XXL

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**Sacramental Information: Please Circle**

My Child needs to receive the following sacraments: **Baptism**      **First Communion**      **Confirmation**

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**MEDICAL INFORMATION**

Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation.

Explain Fully:

\_\_\_\_\_  
\_\_\_\_\_

**Medications:** My child is taking the following medication(s):

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Medical / Hospital Insurance Carrier:

\_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relation to participant \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Emergency contact and relation to participant \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

I give St. Rose of Lima's Life Teen Core Team and Youth Minister, Crystal Martinez permission to contact my child/ren in the following ways:

Telephone \_\_\_\_\_ Facebook \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Text Message \_\_\_\_\_

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Parent Signature and date