

# General Information Sheet

**Student's Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Student Phone#:** \_\_\_\_\_

**Social accounts** (Twitter, Instagram, etc.) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Student's Birth date:** \_\_\_\_\_

**Activities** (sports, drama, music, anything)  
\_\_\_\_\_

**General Care Doctor:** \_\_\_\_\_

**Doctor's Office/Hospital:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medicines:** \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Is your child a member of Mount Olivet Baptist Church?** \_\_\_\_\_

**If not, where?** \_\_\_\_\_