

EMERGENCY CARE INFORMATION

In case of an emergency, the church staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

PARTICIPANT INFORMATION				
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Church Group:			Teacher or Group Leader :	
<input type="checkbox"/> Participant has medical alert information on file. See page 2 for details.				

PARENT/GUARDIAN CONTACT INFORMATION				
This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the participant lives.				
Enrolling Parent				
Last:	First:	Middle:	Telephone	
Number:	Street:	Apt.#:	Home:	
City:	State:	Zip:	Work:	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self	<input type="checkbox"/> Resides with	Language:	E-mail:	
Other Parent				
Last:	First:	Middle:	Telephone	
Number:	Street:	Apt.#:	Home:	
City:	State:	Zip:	Work:	
Relationship:	<input type="checkbox"/> Resides with	Language:	E-mail:	
Other Parent				
Last:	First:	Middle:	Telephone	
Number:	Street:	Apt.#:	Home:	
City:	State:	Zip:	Work:	
Relationship:	<input type="checkbox"/> Resides with	Language:	E-mail:	
Other Parent				
Last:	First:	Middle:	Telephone	
Number:	Street:	Apt.#:	Home:	
City:	State:	Zip:	Work:	
Relationship:	<input type="checkbox"/> Resides with	Language:	E-mail:	

OTHER CONTACT INFORMATION			
Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from the event.			
Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please remember to sign page 2.

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PARTICIPANT INFORMATION			
Last:	First:	Middle:	Date of Birth:
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Church Group:		Teacher or Group Leader:	
Siblings attending the same event (complete if applicable). Name(s): _____		Is Internet access available in your home for your child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	

CURRENT HEALTH CONDITIONS	
Below check any current health condition that may require attention during the event.	
<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____ <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____ _____ _____ _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____ <input type="checkbox"/> respiratory (be specific) _____ <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____ _____ _____
List all medications and dosages your child receives on a continual basis: _____ _____ _____	

MEDICAL ALERT INFORMATION ON FILE

PHYSICIAN INFORMATION
My child's medical care is provided by: _____ (name of doctor, clinic, or HMO) _____ (telephone)
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, medical coverage is provided by: _____ (health insurance company, assistance program, HMO, etc.) _____ (telephone)

First aid and emergency treatment will be provided to students in accordance with the current participant's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____