ELIZABETHTOWN MENNONITE CHURCH Child/Youth Registration/Information Form

Individual Data, General Permission, Medical Information, & Release Forms Year 2014-2015

1**. Name of Child/Youth**: _____ DOB: _____ Age: _____ Grade: _____

School: _____ cell phone # _____Youth e-mail _____

2. **Name of Child/Youth**: _____ DOB: _____ Age: _____ Grade: _____

School: _____ cell phone # _____Youth e-mail _____

3. **Name of Child/Youth**: _____ DOB: _____ Age: _____ Grade: _____

School: _____ cell phone # _____Youth e-mail _____

Parent/Guardian: _____

Address: _____ _____

Street town state ZIP

Phone: (home) _____ (cell phone) _____ Other_____

E-mail: _____

Emergency Contact: (in the event parent/guardian cannot be reached)_____

Relationship to Child: _____

Address: _____ _____ _____ _____

Street town state ZIP

Phone: (home) _____ (cell phone) _____ Other:

E-mail: _____

General Event/Activity Permission: I hereby give permission for the youth listed below to attend events/activities planned by ELIZABETHTOWN MENNONITE CHURCH throughout the 2014-2015 school year. I understand that for overnight events I will be notified in advance and will complete, sign and return additional permission forms.

Youth name/names _____

Medical Release: I, the undersigned parent/guardian of the youth listed on this form do hereby give permission for any ELIZABETHTOWN MENNONITE CHURCH approved adults to treat said youth for minor injuries and to take him/her to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to the health of the child. I consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that may be rendered to said minor, under the general specific instructions of _____(name of participant's physician) or if unavailable, by an on-call physician at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment.

Delivered to said persons entrusted with the care, custody and control of said minor child, this consent will remain effective until the 31st day of August of 2015. I understand that all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by Elizabethtown Mennonite church.

Further, as parent/guardian of the named above, I do hereby consent that my child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Signature of parent/guardian: _____ Date: _____

MEDICAL DATA/HEALTH HISTORY

Physician: _____ Phone #: _____

Medical Insurance name and #: _____

1. **Youth Name:** _____

Check those that apply:

____ Asthma
____ Convulsions
____ Diabetes
____ Ear Infections
____ Epilepsy
____ Heart Disease/Defects

____ Allergies (check those that apply)
____ 1. Animals
____ 2. Insect Stings
____ 3. Plants
____ 4. Medicine/Drugs, specify _____
____ Other Allergies, specify _____

____ 5. Hay Fever
____ 6. Pollen
____ 7. Food

Other Health Related Conditions

____ Emotional Issues
____ Fainting
____ Sleep Walking
____ Special Dietary Regimen _____
____ Other (specify) _____

____ Nosebleeds
____ Motion Sickness
____ Menstrual Cramps

____ Wears Glasses
____ Wears Contact Lenses
____ Hearing Impairment

2. **Youth Name:** _____

Check those that apply:

____ Asthma
____ Convulsions
____ Diabetes
____ Ear Infections
____ Epilepsy
____ Heart Disease/Defects

____ Allergies (check those that apply)
____ 1. Animals
____ 2. Insect Stings
____ 3. Plants
____ 4. Medicine/Drugs, specify _____
____ Other Allergies, specify _____

____ 5. Hay Fever
____ 6. Pollen
____ 7. Food

Other Health Related Conditions

____ Emotional Issues
____ Fainting
____ Sleep Walking
____ Special Dietary Regimen _____
____ Other (specify) _____

____ Nosebleeds
____ Motion Sickness
____ Menstrual Cramps

____ Wears Glasses
____ Wears Contact Lenses
____ Hearing Impairment

3**. Youth Name:** _____

Check those that apply:

____ Asthma
____ Convulsions
____ Diabetes
____ Ear Infections
____ Epilepsy
____ Heart Disease/Defects

____ Allergies (check those that apply)
____ 1. Animals
____ 2. Insect Stings
____ 3. Plants
____ 4. Medicine/Drugs, specify _____
____ Other Allergies, specify _____

____ 5. Hay Fever
____ 6. Pollen
____ 7. Food

Other Health Related Conditions

____ Emotional Issues
____ Fainting
____ Sleep Walking
____ Special Dietary Regimen _____
____ Other (specify) _____

____ Nosebleeds
____ Motion Sickness
____ Menstrual Cramps

____ Wears Glasses
____ Wears Contact Lenses
____ Hearing Impairment

A COPY OF THIS FORM WILL BE TAKEN ON EVERY ACTIVITY, FIELD TRIP OR OVERNIGHT EVENT THAT THIS YOUTH ATTENDS.

List of parent/guardian approved and disapproved individuals to pick up and drop off above children/youth.

Currently, Elizabethtown Mennonite Church does not require a written log for drop off and pick up of children and youth. Without a log, we cannot guarantee that the below list can be adhered to. However, we want to be sensitive to individual needs and will change this policy in the future as needs arise.

Below is a list of approved individuals that may pick up and drop off the above children and youth, as well as unapproved individuals. If there is a concern about unapproved adults that may pick up children/ youth, please ask a member of the Child protection committee, church board, or pastor to re-evaluate the policy, and a log may be used in the future.

Approved adults and family members

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Unapproved adults and family members

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____