

SPIDER LAKE CHURCH, P.O. Box 695, Hayward, WI 54843

Youth Registration Form

1. Child's Name: _____

2. Names of Parent/Guardians: _____

Address: _____

Phone #s (cell, home, work): _____

3. Emergency contact name, other than parents: _____

Phone #s: _____

4. Insurance information and copy of front and back of insurance card.

5. Medications child takes (in the prescription bottle) or any over the counter meds (only kept and dispensed by the adult in charge):

6. **AUTHORIZATION** I hereby authorize administration of the above medication to my child by youth staff of Spider Lake Church.

Signed: _____

7. **AUTHORIZATION** In the event that I cannot be reached, I give my permission for the Spider Lake Church youth staff to authorize emergency medical treatment that a physician deems necessary for the welfare of my child. Spider Lake Church youth staff is limited to authorize emergency care only. This authorization is effective through _____ (date).

Signed: _____

8. Special dietary needs: _____

9. Allergies to food, meds, bees, etc: _____
