

# Grace Life Church Children's Ministry

## Student Registration and Medical Release

### Child/ Youth Information

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian's Name(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Parent/Guardian Information 2

Full Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Other Designated Responsible Adults (can pick up child from Children's Church or other activities)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I give permission that photos, videos, and sound bits taken during Children's Ministry events with my child may be used for GLC events, promotional materials and/or photo albums.

### Medical Information

1. Please list all allergies your child has (foods, bee sting, etc.): \_\_\_\_\_

\_\_\_\_\_ Are any of these life-threatening? \_\_\_\_\_

2. Does your child bring any medication to church or church activities? If yes, what?

\_\_\_\_\_

3. Has your child ever had:

\_\_\_ Seizures

\_\_\_ Asthma

\_\_\_ Homesickness

\_\_\_ Heart disease

\_\_\_ Other: \_\_\_\_\_

4. Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Grace Life Church to secure proper medical treatment. Parents will be notified immediately in the case of a medical emergency.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Person to Contact if Parent cannot be reached: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_