

# GOOD SHEPHERD UNITED CHURCH OF CHRIST • Slatedale, Pennsylvania

## REGISTRATION/EMERGENCY CONTACT/PARENTAL CONSENT FORM

**REGISTRATION:**    Vacation Bible School    Sunday School      Confirmation

<b>CHILD'S NAME</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE
<b>ADDRESS</b>			
<b>EMAIL ADDRESS</b>			
<b>Name of School (if applicable)</b>			Grade in School (if applicable)
<b>MOTHER'S NAME/LEGAL GUARDIAN</b> <i>(only if she should be contacted)</i>			HOME TELEPHONE NUMBER
<input type="checkbox"/> Child may be released to this person			
ADDRESS			CELL #      TEXT ALLOWED <input type="checkbox"/>
<b>FATHER'S NAME/LEGAL GUARDIAN</b> <i>(only if he should be contacted)</i>			HOME TELEPHONE NUMBER
<input type="checkbox"/> Child may be released to this person			
ADDRESS			CELL #      TEXT ALLOWED <input type="checkbox"/>
<b>EMERGENCY CONTACT PERSON(S)</b> <i>(other than mother/father who should be contacted and child can be released to)</i>			
<b>NAME</b>	<b>ADDRESS</b>	<b>RELATIONSHIP TO CHILD</b>	<b>TELEPHONE # WHEN CHILD IS AT CHURCH</b>
<b>HOSPITAL PREFERENCE IN AN EMERGENCY</b>			
ADDRESS			
<b>HEALTH INSURANCE COVERAGE FOR CHILD</b>		<b>POLICY NUMBER</b>	
<b>ANY SPECIAL NEEDS OR MEDICAL CONCERNS OF CHILD</b>		<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>		<b>MEDICATION, SPECIAL CONDITIONS</b>	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

I release Good Shepherd UCC and individuals from liability in case of accident during church related activities, as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**GOOD SHEPHERD UNITED CHURCH OF CHRIST • Slatedale, Pennsylvania**

**PHOTO RELEASE FOR PERSON UNDER 18 YEARS OF AGE**

I hereby grant Good Shepherd United Church of Christ, Slatedale and the members of Christian Education, the right to photograph my dependent and use the photo and/or other digital reproduction of him/her for education purposes ~ whether print, digital or electronic media.

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

Guardian's Printed Name: \_\_\_\_\_

I certify that I am a custodial parent and have the aforementioned rights to assign.

Signature of Guadian: \_\_\_\_\_

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