

Registration and Medical Consent Form

Name _____ Phone: _____

Address: _____

City and State: _____ Zip: _____

Social Security # of child _____ - _____ - _____

Birth date: _____

EMERGENCY NOTIFICATION

Name: _____

Home Phone: _____

Work phone: _____

ALTERNATE CONTACT

Name: _____

Home Phone: _____

Work phone: _____

Name of parent covering this child's medical insurance

Emergency Procedures: In event of any emergency, leaders will attempt to first contact the parent and/or doctor. In case that is impossible, note below. With my signature, I hereby authorize:

Yes No 1. First Aid by staff or counselors

Yes No 2. Emergency medical care by hospital staff selected by church staff or counselor.

Yes No 3. Physician selected by church staff or counselor to hospitalize, secure treatment for, and to order in injection, anesthesia, or surgery.

4. If parent has answered "NO" to either #1, #2 or #3 above, PARENT MUST INDICATE procedure to be followed in event counselors are unable to contact parent

ALLERGIES AND HEALTH HISTORY

Drugs

Diabetes

Emotional handicap

Nervous Disorder

Physical handicap

Asthma

Cardiac

Other

Mental handicap

Hay Fever

Epilepsy

Chronic Asthma

Seizure Disorder

Insect stings

Date of last Tetanus shot _____

If you have checked any of the above, please give details _____

Activity Restriction: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Insurance Carrier: _____ Policy/ID Number _____

Mother's Name _____ Date of Birth _____

Father's Name _____ Date of Birth _____

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by Hanover Evangelical Friends Church to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

Parent's signature _____ Date _____

Parent's signature _____ Date _____

Parent's signature _____ Date _____

Parent's signature _____ Date _____

Parent's signature _____ Date _____

Parent's signature _____ Date _____

Parent's signature _____ Date _____

Consent and Release from Liability

I, _____, hereby acknowledge that it is my
Parent's name
desire for _____ to participate in church-sponsored
Youth's name
activities at Hanover Evangelical Friends Church, including activities on and/or away
from the church premises as well as transportation to and from such activities.

My child is voluntarily participating in these activities, including transportation to and from such activities, with knowledge of the dangers involved and I hereby agree to accept any and all risks of injury as a result of such participation and transportation.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge Hanover Evangelical Friends Church, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and an assumption of risks and sign it of my own free will.

This Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of Hanover Evangelical Friends Church.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date