



Registration

4th & 5th Grades

Parent/Guardian Name _____

Street Address _____ City _____ Zip Code _____

E-mail Address _____ Daytime Phone: _____

Child's Information

Name _____ Male Female

Date of birth _____ Grade Fall 2018 _____ Allergies/Special Needs _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If yes, please state details.

1. Does your child have allergies to -

- pollens
- medications
- food
- insect bites

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma
- epilepsy/seizure disorder
- heart trouble
- diabetes
- frequent upset stomach
- physical handicap

Please provide information about special medical conditions and other medical information

Parental Permission/Release

Because we are going to off-site trips and will be traveling on the church bus, I give my permission for child listed to ride on the church bus. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend and participate in events being organized by the Children's Ministry at Highland Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the children ministries staff member.

Photo Release: Can your child(ren) be photographed and the picture appear in church news articles in print and on the internet? Yes No

Parent/Guardian Signature: _____ Date: _____