

Registration / Permission / Medical Form

**Lenten Lock-in
“Wait with Me”
April 1st - 2nd, 2010**

Student Name: _____ **Age:** _____

Address: _____ **DOB:** _____

Telephone #: _____ **Grade:** _____ **School:** _____

Email: _____ **Cell Phone #** _____

Emergency Contact During the Time(s) of Event:

Name: _____ **Relationship** _____

House Phone: _____ **Cell Phone:** _____

Address: _____

Medical Information:

1. Is your child allergic to any medications? Yes No

List _____

2. List any other allergies known: _____

3. List any special health/medical conditions that an attending medical person should be aware of, ie., heart murmur, diabetes, etc.:

Presently on prescription medication? (If so, what? Include dosage and any other info)

Physicians' Information

Primary Physician _____ **Office Phone** _____

Insurance Information

Insurance Company Name _____

Policy Number _____

Permission & Signature

I hereby give _____ permission to participate in the above activity/trip, _____, and to be driven by the Director of Youth Ministry or a designated adult chaperone.

If emergency treatment is required and none of the above can be contacted, may the church authorities use their own judgement in sending the child to the hospital or doctor most easily accessible or make whatever arrangements are necessary.

Yes _____

No _____

By signing, I also release, forever discharge, and agree to hold harmless St. Elizabeth's Church, its directors, employees, volunteer workers and agents from any liability, claims of personal injury, death or sickness, as well as property damage and expenses which may be incurred by the above named participant during, or while traveling to or from, the described event. I also understand that if the Participant becomes ill, disruptive or destructive, the above "Emergency Contact" will be called.

Parent/Guardian Name (please print)

Signature

Date