

CHRISTIAN EDUCATION / YOUTH DEPARTMENT

STUDENT REGISTRATION & EMERGENCY INFORMATION FORM

Please complete one form for each child and return it to one of the following:

- The church office or on-line
- Misty McMorrow (Director of Christian Education & LOGOS Coordinator)
- Niki Briggs (Youth Director)

Date form completed: ___/___/___

Attending (check all that apply): LOGOS _____ Sunday School _____ Youth Group _____

Child's Name (Last, First): _____ Grade in School: _____

Date of Birth: ___/___/___ Date of Baptism: ___/___/___

Parent/Guardian (Last, First): _____

Phone: Home: _____ Work: _____ Cell: _____

Address: _____

email: _____

Parent/Guardian (Last, First): _____

Phone: Home: _____ Work: _____ Cell: _____

Address: _____

email: _____

Emergency Contact (Last, First): _____ Phone: _____

Allergies _____

Daily and Emergency Medications (i.e.: rescue inhaler, epi-pen, etc.):

Please list chronic medical conditions and any other significant medical history:
(i.e.: surgeries, hospitalizations longer than 3 days, etc.; please include dates if applicable):

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We do keep some Over-The-Counter medications on hand for minor issues such as headaches, upset stomach, minor cuts, etc. Please indicate with your initials whether you give consent for their administration to your child per directions on the container.

I DO give permission for OTC medication administration to my child. _____

I DO NOT give permission for OTC medication administration to my child. _____

Sign the top paragraph if:

You **will** allow PUMC staff to make medical decisions for your child in the event that you or your agent is not contactable. This also releases PUMC from liability for the medical care.

Sign the bottom paragraph if:

You do **not** want PUMC staff to make medical decisions for your child in the event that you or your agent is not contactable. This also releases PUMC from liability for the medical care (or lack thereof).

I, the undersigned, am this child's (name) _____ parent or legal guardian. In order for my child to receive necessary medical treatment in the event of injury or illness requiring the attention, skills, treatment, or transport by a medical professional, I hereby authorize the program leader or senior staff member responsible to provide informed consent for such medical care of my child and to provide decisions regarding the care of my child. I understand that I am responsible for any bills incurred as a result. I hereby release those authorized decision-makers, the Portage United Methodist Church (PUMC), the PUMC staff, and adult volunteer leaders, from any and all debts, judgments, or suits of any kind which may result from my child's participation in PUMC events and programs or from any emergency medical treatments authorized by the aforementioned.

Parent/Guardian Signature

Date: _____

I, the undersigned, am this child's (name) _____ parent or legal guardian. **I have refused to sign the above medical treatment authorization.** I understand that, should I refuse signature of this form, implied consent will be used as dictated by law for the emergency medical care of my child should I not be contactable, and that this may not necessarily reflect my wishes regarding my child's care. I hereby release the Portage United Methodist Church (PUMC), the PUMC staff, and adult volunteer leaders, from any and all debts, judgments, or suits of any kind which may result from this decision and from my child's participation in PUMC events and programs.

Parent/Guardian Signature

Date: _____

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Photograph / Video Consent:

On occasion we take photos and videos of those here at the church engaging in activities whether it be special events, Sunday School, LOGOS, etc for the purpose of sharing them with others via face book, a slideshow video during church, or other form of media. By signing below, you give us permission to include your child in these photos and videos which may be shared within the church or publically.

I give permission for PUMC to share photos and/or video that may include my child within the church and publically:

Parent/Guardian Signature

Date: _____

Additional helpful information?

(nickname, educationally challenged, physical limitations, parents live separately, with which parent the child primarily resides, home schooled, etc.)

Please note that this information is strictly voluntary. Our only interest is to be able to relate to and teach your child in a positive Christian environment.
