

# Registration and Medical Consent Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_

## EMERGENCY NOTIFICATION

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

## ALTERNATE CONTACT

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Name of parent covering this child's medical insurance and parent's SSN

\_\_\_\_\_

parent's name

SSN#

## ALLERGIES

Drugs

Physical handicap

Mental handicap

Chronic Asthma

## HEALTH HISTORY

Diabetes

Asthma

Hay Fever

Seizure Disorder

Emotional handicap  Nervous Disorder

Cardiac

Other

Epilepsy

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 New Hanover Presbyterian 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

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

\_\_\_\_\_

\_\_\_\_\_

# Consent and Release from Liability

I, \_\_\_\_\_, hereby acknowledge that it is my desire for \_\_\_\_\_ to participate in church-sponsored activities at New Hanover Presbyterian 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 New Hanover Presbyterian 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 New Hanover Presbyterian Church.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

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Signature Date

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Signature Date

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Signature Date