

COLUMBIA UNITED METHODIST YOUTH CLUB REGISTRATION FORM

CHILD'S NAME _____ BIRTH DATE _____

HOME ADDRESS _____

HOME PHONE _____ NAME OF SCHOOL _____ GRADE _____

MOTHER'S NAME _____ HOME PHONE _____ CELL _____

MOTHER'S ADDRESS IF DIFFERENT FROM ABOVE _____

MOTHER'S EMPLOYER _____ WORK PHONE _____

MOTHER'S WORK ADDRESS _____

FATHER'S NAME _____ HOME PHONE _____ CELL _____

FATHER'S ADDRESS IF DIFFERENT FROM ABOVE _____

FATHER'S EMPLOYER _____ WORK PHONE _____

FATHER'S WORK ADDRESS _____

IF NOT AT WORK OR HOME, GIVE TELEPHONE NUMBER WHERE PARENTS CAN BE REACHED:

MOTHER _____ FATHER _____

PEOPLE TO BE CONTACTED IN THE EVENT OF AN EMERGENCY IF PARENTS CANNOT BE CONTACTED

1. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

2. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

3. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

PREFERRED PHYSICIAN OR CLINIC NAME _____

ADDRESS _____ PHONE _____

PREFERRED DENTIST OR CLINIC NAME _____

ADDRESS _____ PHONE _____

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATION BEING TAKEN, AND ANY PHYSICAL IMPAIRMENT TO WHICH THE YOUTH CLUB STAFF OR A PHYSICIAN SHOULD BE AWARE:

PART 1 PERMISSION TO TRANSPORT CHILD

I GIVE THE COLUMBIA UNITED METHODIST CHURCH MY PERMISSION TO TRANSPORT MY CHILD _____ TO(hospital/clinic)_____

FOR EMERGENCY MEDICAL CARE OR TO (dentist/clinic)_____

FOR EMERGENCY DENTAL CARE, OR TO THE NEAREST AVAILABLE SOURCE OF ASSISTANCE.

PARENT'S SIGNATURE _____ DATE _____

PART 2 REFUSAL TO GRANT PERMISSION TO TRANSPORT CHILD

I DO NOT GIVE PERMISSSION TO THE COLUMBIA UNITED METHOSICT CHURCH TO TRANSPORT MY CHILD _____ FOR EMERGENCY MEDICAL OR DENTAL CARE. IN THE EVENT OF AN ILLNESS OR INJURY WHICH REQUIRES EMERGENCY MEDICAL OR DENTAL TREATMENT, I WISH THE FOLLOWING ACTION TO BE TAKEN _____

PARENT'S SIGNATURE _____ DATE _____

NOTE: THIS FORM ONLY AUTHORIZES THE CHURCH TO SECURE EMERGENCY TRANSPORTATION FOR A CHILD. IT DOES NOT AUTHORIZE OR GUARANTEE TREATMENT UPON ARRIVAL AT THE DESIGNATED SOURCE OF EMERGENCY MEDICAL OR DENTAL TREATMENT AS EACH EMERGENCY FACILITY SETS THEIR OWN TREATMENT PROCEDURES.

DO YOU GIVE PERMISSION FOR YOUR CHILD'S PICTURE TO BE PUBLISHED IN THE CHURCH NEWSLETTER AND/OR POSTED ON THE CHURCH BULLETIN BOARDS? YES _____ NO _____

LISTS OTHER THAN PARENTS PEOPLE AUTHORIZED TO PICK YOUR CHILD UP _____
