

Registration and Medical Permission Form
Northwood Presbyterian Children's Ministry

1. Child Name: _____ Age: _____ Birth Date: _____ Grade: _____
(first and last name)

2. Child Name: _____ Age: _____ Birth Date: _____ Grade: _____
(first and last name)

3. Child Name: _____ Age: _____ Birth Date: _____ Grade: _____
(first and last name)

List any medications being taken and/or allergies (including food allergies):

Child #1 _____

Child #2 _____

Child #3 _____

(For overnight events, medications must be brought in the original prescription containers and held by adult chaperons.)

Medical history (both emotional and physical) of which leaders and Medical Personnel should be aware (please be honest so we are able to serve your child effectively):

Child #1 _____

Child #2 _____

Child #3 _____

Health conditions (both emotional and physical) of which leaders should be aware (please be honest so we are able to serve your youth effectively):

Child #1 _____

Child #2 _____

Child #3 _____

Primary Emergency Contact: _____

Relationship: _____ Phone: _____

Address: _____ Cell: _____

Secondary Emergency Contact: _____

Relationship: _____ Phone: _____

Address: _____ Cell: _____

Primary Care Physician: _____ Phone: _____

Address: _____

Medical Insurance Company: _____

Subscriber: _____ Policy # _____ Group # _____

Dentist: _____ Phone: _____

Address: _____

Dental Insurance Company: _____

Subscriber: _____ Policy # _____ Group # _____

My child(ren) can be treated with (circle youth for whom permission applies):

___ Ibuprofen (**C1 C2 C3**) ___ Acetaminophen (**C1 C2 C3**) ___ Topical creams (**C1 C2 C3**)

I give permission for any NPC Children's Ministry representative to authorize emergency treatment for my Child listed above in the event I cannot be reached.

Signature of Parent or Guardian: _____ **Date:** _____

Other Permissions

Travel:

I give permission for my child (Circle) **C1 C2 C3** to travel by bus, car, and/or van with NPC Children Ministries to program events that are approved and sponsored by the Northwood Presbyterian Church of Clearwater.

Signature of Parent or Guardian: _____ **Date:** _____

Media:

I do / do not (circle one) give permission for NPC to use unidentified photos of (Circle) **C1 C2 C3** for the following (check all that apply):

_____ Church web site

_____ Face book

_____ NPC's Children Ministry scrapbook

Northwood will never use children's names in any external publications.

Signature of Parent or Guardian: _____ **Date:** _____