



Registration for 2017-2018 Sunday School and/or Youth Program

| | |
|---|-----------------------------|
| Student last name: | First name: |
| Date of birth: | School grade for Fall 2017: |
| School name: | |
| Home address: | City, ST, Zip: |
| Home phone: | Family email: |
| Father/male guardian last name | First name: |
| Work phone: | Home phone: |
| Cell phone: | Email: |
| Mother/female guardian last name | First name: |
| Work phone: | Home phone: |
| Cell phone: | Email: |
| Emergency contact information if parent/guardian cannot be reached: | Relationship to student: |
| Contact last name: | First name: |
| Home/work phone: | Cell phone: |
| Authorized to pick-up child | Name |

The undersigned parent or legal guardian of _____, a minor child, does hereby grant permission for said child to engage in the various activities sponsored by St. Timothy's Episcopal Church for its Sunday School and/or Youth programs, typically but not limited to sites, within the USA in automobiles driven by an adult advisor for general participation in any and all activities sponsored by or associated with St. Timothy's Sunday School and/or Youth.

The consent also includes specific permission hereby granted to the adult supervisors and leaders of St. Timothy's Youth and Sunday School groups to make medical decisions with respect to the said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medial decision and to administer medication when required.

Students may appear in photos of church activities on the St. Timothy's website or St. Timothy's Facebook page. Nursery children are asked to allow a photo for identification purposes only. The church policy is not to post or tag names. Parents and students are asked NOT to tag themselves on Facebook. To accept, initial here _____ to refuse initial here _____.

Dated this _____ day of _____, 2017 by _____ (Parent or legal guardian)

Printed name _____

Notarized before me on this _____ day of _____, 2017 _____ (Notary)



Health Information

| | |
|---|-----------------|
| Family dentist: | Phone: |
| Family physician: | Phone: |
| Health insurance company: | Phone: |
| Policy/group #: | |
| Date of last tetanus shot: | |
| Medication/drug allergies: | Food allergies: |
| Special needs or accommodations required: | |

Youth members taking medication during the youth activities or overnight retreats: Please provide medication in the original bottle. Please place container in a **zip-lock plastic bag** which is **clearly marked** with the **Youth member's name**. Name of medication and dosage, for informational purposes, can be enclosed written on an index card.

Medications used at present: _____

Dosage(s): _____

When taken: _____

Surgeries: _____

Dates: _____

| Health issues: yes/no | Childhood diseases: yes/no include approximate date | Other allergies: yes/no |
|----------------------------------|--|-------------------------|
| Heart defect/disease: | Chicken pox: | Hay fever/seasonal: |
| Seizures/convulsions: | German measles: | Poison Ivy/oak: |
| Diabetes: | Measles: | Insect stings: |
| Bleeding/clotting D/O: | Mumps: | |
| Epilepsy: | | |
| Cerebral palsy: | Other diseases: | |
| Headaches/migraines: | Hepatitis: | |
| Positive HIV test: | Mononucleosis: | |
| Other: | Other, if so name: | |
| Please describe any yes answers: | | |
| | | |
| | | |
| | | |

Parent/Guardian signature _____ Date _____

