

First Presbyterian Church

Child Registration Form

September 2013 – August 2014

CHILD INFORMATION			
Child's Name (Last)	(First)	Date of Birth	
Address	City	State	ZIP Code
Home Phone	E-mail address		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade	School	
PARENT/GUARDIAN INFORMATION			
Father's First Name	Last Name	Mobile Phone	Work Phone
Mother's First Name	Last Name	Mobile Phone	Work Phone
CHILD HEALTH INFORMATION			
Regular Medications (Description and Schedule)			Date of Last Tetanus
Pertinent Medical History, including allergies (medicine, food, etc.)			
Additional Health Concerns (physical limitations, activity restrictions, special dietary needs)			
HEALTH INSURANCE COVERAGE			
Health Insurance Company	Group Number	Policy Number	
Insurance Company Address	City	State	ZIP Code
Insurance Company Phone	Policy Holder First Name	Policy Holder Last Name	
EMERGENCY CONTACT INFORMATION			
Primary Doctor's Name			Doctor's Phone
Family Emergency Contact's Name			Contact's Phone

**First Presbyterian Church
Parent/Guardian Consent Form
September 2013 – August 2014**

Child's Name (Last)	(First)	Date of Birth
Address	City	State ZIP Code
Parent/Guardian Name (Last)	(First)	
Telephone (Home)	(Work)	(Mobile)

I consent to participation by my minor child in any church-sponsored activity I have registered him/her. In consideration for my child being allowed to participate in these activities, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against First Presbyterian Church, Gastonia, North Carolina, the pastors, the employees, or agents of the church which arise out of, or relate to, my child's participation in these activities. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I present that my consent to and agreement to pay for the dental, medical, or hospital care of treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Print Name of Parent/Guardian	
Signature of Parent/Guardian	Date