

ST JOHN'S ANGLICAN CHURCH

PARISH ACTIVITY MEDICAL INFORMATION AND CONSENT TO TREAT

CHILD'S NAME _____

CHILD'S DATE OF BIRTH _____

PARENT/GUARDIAN'S NAME _____

MEDICAL INFORMATION – Please check medical conditions next to items applying to your child. Please note that this information is to provide care givers with information to assist in treatment if necessary. It will not be shared with anyone without a need to know.

Allergies - peanut	_____	Diabetes 1	_____
Allergies – dairy	_____	Diabetes 2	_____
Allergies – gluten	_____	Fainting spells	_____
Allergies - soy	_____	Hearing issues	_____
Allergies – hay fever/grass	_____	Heart trouble	_____
Asthma	_____	Hemophilia	_____
Bronchitis	_____	Poison Ivy	_____
Convulsions	_____	Poison Oak	_____
Is an epipen carried by child or parent?	_____ YES _____ NO		
Other	_____	Other	_____
Other	_____	Other	_____

Date of last tetanus booster _____

Surgeries within last two years _____

Current medications and doses _____

Special Needs issues _____

Other pertinent information _____

Insurance company and policy number _____

To the best of my knowledge, my child, is in good health and I assume all responsibility for the health of my child. However, if, while my child is participating in a parish youth event under the direction of a parish volunteer, he/she is injured or experiences a medical emergency, and I cannot be reached at the numbers provided below, I give permission and consent for medical treatment, including transport of my child to a hospital for emergency treatment.

Parent/Guardian's Signature: _____ Date _____

Home Address: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____ Email: _____

If you are unable to reach me, please contact:

Name: _____ Relationship _____

Home Phone: (____) _____ Cell Phone: (____) _____

ST JOHNS ANGLICAN CHURCH

CHRISTIAN EDUCATION AND NURSERY FAMILY REGISTRATION FORM

DATE _____

FAMILY NAME: _____

FATHER: _____

MOTHER: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

ALTERNATE PHONE NUMBERS: _____

EMAILS: _____

CHILD 1: M _____ F _____

FIRST NAME: _____

LAST NAME: _____

NICKNAME: _____

BIRTHDATE: _____

AGE: _____

GRADE IN SCHOOL: _____

CHILD 2: M _____ F _____

FIRST NAME: _____

LAST NAME: _____

NICKNAME: _____

BIRTHDATE: _____

AGE: _____

GRADE IN SCHOOL: _____

CHILD 3: M _____ F _____

FIRST NAME: _____

LAST NAME: _____

NICKNAME: _____

BIRTHDATE: _____

AGE: _____

GRADE IN SCHOOL: _____

CHILD 4: M _____ F _____

FIRST NAME: _____

LAST NAME: _____

NICKNAME: _____

BIRTHDATE: _____

AGE: _____

GRADE IN SCHOOL: _____

CHILD 5: M _____ F _____

FIRST NAME: _____

LAST NAME: _____

NICKNAME: _____

BIRTHDATE: _____

AGE: _____

GRADE IN SCHOOL: _____

_____/ We give my permission for my/our child's picture to be used on the SJAC website.

Signature _____

_____/ We have children in college:

NAME _____

COLLEGE _____

ADDRESS _____

EMAIL: _____

Other comments: _____

USE BACK FOR ADDITIONAL COLLEGE STUDENTS