

Registration/Consent/Medical Release Form
The Church of The Good Shepherd, Rocky Mount, NC

Participant's Name _____
Goes by (name) _____ Male ___ Female ___
DOB _____ Age _____ Grade _____
Home Address _____
City _____ Zip _____
Home Ph.# _____
Email _____
Parent/Guardian Work Ph _____
Parent/Guardian Cell Ph _____
If unavailable in emergency, notify _____
Ph# _____
Allergies to medications and reaction _____

Other Allergies _____

Medications sent with participant _____

Note: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physicians name on label.

Over the-counter medications must be in original container and have dosage information clearly printed on container. The event nurse will keep and distribute all medications during the event. Please notify the event coordinator or nurse if this participant has been exposed to any communicable disease within the 3 weeks prior to this event.

Participants will NOT be allowed to attend if they arrive at the event ill.

Are there any over-the-counter medications that the participant should not receive if any minor symptoms develop? (i.e. Tylenol, Advil, Kaopectate, etc.)

Insurance Co. _____
Policy # _____
Group# _____
Insurance Co. Ph# _____

(please include a copy of both sides of insurance card with registration form)

My Child, _____, has my permission to attend and to participate in the **overnight lock-in and ski trip on February 5 and 6, 2010**, sponsored by the The Church of The Good Shepherd, Rocky Mount, NC. I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless the leaders of my church, the event coordinators, the Rector and clergy of Good Shepherd and the Diocese of North Carolina in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not. (NOTE: THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS).

Custodial Parent or Legal Guardian Signature:

Date _____

Relationship to Participant _____