
REGISTRATION AND MEDICAL RELEASE FORM

General Information

Child's Name: _____ DOB: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Cell Phone: _____

email: _____ T-shirt size: _____

Medical Information

1. Is your child allergic to:

- Bee sting pollens other drugs _____
 Hay, straw penicillin other _____

2. Does your child have any life-threatening allergies? Yes No

If yes, to what? _____

3. Is your child bringing any medications with him/her? Yes No

If yes, please list and state dosage: _____

PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

4. Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? Yes No

If yes, please explain: _____

(continued on reverse)

5. Has your child ever had:

seizures

asthma

diabetes

homesickness

heart disease

other _____

**WAIVER OF LIABILITY AND CONSENT
FOR USE OF PHOTOGRAPHS AND VIDEOS**

I hereby consent to allow my child to participate in Cary Alliance Church Children's Ministry events and while I understand that every precaution will be taken for the safety and well-being of my child in the event of accident or sickness, I release the volunteers and staff of Cary Alliance Church from any liability and authorize them to administer medication and secure proper medical treatment as needed.

I authorize and give full consent to the volunteers and staff of Cary Alliance Church to use on their website and other promotional materials all videos and photographs in which I or my children appear while involved in Cary Alliance Church ministry events. No names or personal information will be released without my permission.

Parents will be notified immediately of any medical emergency.

Signature of Parent/Guardian: _____

Date: _____

Emergency Phone: _____

Person to contact if parent/guardian cannot be reached: _____

Relationship: _____ Phone: _____