

**Hayshire UCC's
Child/Youth Registration, Medical Info, AND General Release Form**

Parent/Guardian: _____

Address: _____
(street, city, state zip)

Phone: _____(H) _____(C)

E-mail: _____

Emergency contact: _____
(in the event parent/guardian cannot be reached)

Relationship to child: _____

Address: _____
(street, city, state zip)

Phone: _____(H) _____(C)

Name(s) of child(ren)/youth

- | | | |
|----------|------------|------------|
| 1. _____ | DOB: _____ | Age: _____ |
| 2. _____ | DOB: _____ | Age: _____ |
| 3. _____ | DOB: _____ | Age: _____ |

Medical Information

Physician: _____ Phone: _____

Please list all allergies, medication, or other special needs/assistance

Snacks (check any that apply)

- I would not like my child/youth to have any snacks while in church activities/parties.
- I will provide my child/youth with a snack for any planned church parties.
- You may offer my child/youth a snack during church activities/parties – please see below.

Injuries/First-Aid

I, by my signature, give any and all Hayshire UCC’s “Approved Adult” volunteers permission to treat my child(ren)/youth for minor injuries, and if need be to provide for emergency medical care in the event that I cannot be located immediately.

General Release

I, by my signature, give permission for my child(ren)/youth to participate in any planned activities/parties within the church building or premises. I understand that a Permission for Special Activity form will be provided to me for signature if any large events, or outside trips are planned.

I have reviewed a copy of the Children/Youth Classroom Protection Guidelines.

Yes No

_____ Date: _____
(Parent/Guardian’s signature)