

**Child Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ May SPC text you? Yes No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Other Relatives at SPC: \_\_\_\_\_

**List of Individuals Allowed to Pick Up Your Child**

Please also use this space to make us aware of any circumstances about your child's safety regarding custody, parental agreements, etc. \_\_\_\_\_

**Allergy Information**

List any known allergies your child has or select "none." None: \_\_\_\_\_ Allergies (Food or medication): \_\_\_\_\_

Reactions: \_\_\_\_\_ Treatment Plan: \_\_\_\_\_

Does your child normally carry an Epi Pen? \_\_\_ Yes \_\_\_ No If you answered "yes" please attach special instructions (like an action plan).

**Health History**

List any dietary restrictions: \_\_\_\_\_

List any activities your child should be restricted from: \_\_\_\_\_

**Medical History of Participant:**

- ADD or ADHD? \_\_\_ Yes \_\_\_ No
- Asthma? \_\_\_ Yes \_\_\_ No
- Behavioral Problems? \_\_\_ Yes \_\_\_ No
- Cardiac Problems? \_\_\_ Yes \_\_\_ No
- Diabetes? \_\_\_ Yes \_\_\_ No
- Developmental Delay/Mental Disability? \_\_\_ Yes \_\_\_ No
- Glasses or contacts? \_\_\_ Yes \_\_\_ No
- Seizures? \_\_\_ Yes \_\_\_ No
- Other? \_\_\_\_\_

*Does your child need an inhaler? If so, attach the plan used.*

*If you answered "yes" to any of the above questions, please attach special instructions (like an action plan) to this registration card.*

**Parental Agreement**

Signing this agreement is necessary for your child to participate. WAIVER: By sending my child to SPC events, I agree to indemnify and hold harmless Sewickley Presbyterian Church (SPC), its staff, volunteers, or anyone affiliated with SPC, from any liability for any accident or injury which may be incurred. MEDICAL RELEASE: In the event of accident, injury, or illness, I authorize any and all medical attention necessary to be administered to my child, listed above, under the direction of such medical professionals as the Church determines appropriate under the circumstances.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Member Number: \_\_\_\_\_