

# MONTVALE EVANGELICAL FREE CHURCH STUDENT MINISTRY REGISTRATION/AUTHORIZATION FOR THE SCHOOL YEAR 2011-2012

Parents and legal guardians are asked to complete this confidential form and return it to the church. This information is strictly for the use of any MEFC pastors and/or adult staff that will have contact with your student. This one form will apply to all student ministry activities in the 2011-2012 school year as well as summer 2012 activities. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities. **Please note: you do not need to have medical insurance coverage to participate in any of the church's ministries. Nor do we need copies of your insurance card.**

## **PART I—General Information** (please print)

Student's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Address (if different): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder's ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

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

Preferred Hospital, If Necessary: \_\_\_\_\_

### **Please provide an emergency contact if parents cannot be reached**

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

Emergency Contact relationship to student: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## **PART II—Consent & Certification**

I, the undersigned, being the parent or legal guardian of the student named on this form, do hereby consent to the participation of my son/daughter in all of the regularly scheduled activities of the student's ministries at Montvale Evangelical Free Church during September 2011 through August 2012. This includes field trips, retreats, camping, swimming, hiking, sporting events and any other activity normally associated with student ministries. Further, I certify that my son/daughter is physically fit to participate in such events, including swimming, except as noted below.

Parent/Guardian's signature: \_\_\_\_\_

## **Medical Treatment Authorization**

I understand that in the case of a medical emergency involving my student, I will be notified. However, in the event that I cannot be reached, I authorize the Montvale Evangelical Free Church to seek and obtain necessary medical treatment in the event my student is injured or becomes ill.

I understand that the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the church in the event of any health changes which would restrict my son/daughter's participation in any normal activities.

I also understand that the adult leaders reserve the right to restrict my son/daughter from any activity that they do not feel is within his/her physical capabilities.

Parent/Guardian's signature: \_\_\_\_\_

## **Medical Questionnaire**

Does your son/daughter have (or has ever had) any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Seizure Disorder       | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Heart Condition       |
| <input type="checkbox"/> Kidney/Liver Disease   | <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Need for Special Diet |
| <input type="checkbox"/> Hay Fever/Allergies    | <input type="checkbox"/> Rheumatic Fever        | <input type="checkbox"/> Neurological Disorder |
| <input type="checkbox"/> Psychological Disorder | <input type="checkbox"/> Hyperactivity ADD/ADHD |  |

Explain: \_\_\_\_\_

List all medications your son/daughter is taking: \_\_\_\_\_

(include mood altering medications) \_\_\_\_\_

List food allergies: \_\_\_\_\_

Any other allergies/drug allergies: \_\_\_\_\_

Tell us on any *physical or emotional* condition; present and/or past, that is not listed above: (use separate paper if necessary): \_\_\_\_\_

Immunization-Date of last Tetanus Vaccination: Month: \_\_\_\_\_ Year: \_\_\_\_\_