

St. Jude's Episcopal Church | 2.1 Registration Form, 2018-19

Please complete as much information as possible below to help us care well for your child/youth and create a safe and welcoming experience for all children/youth and mentors (attached additional pages, if needed):

Child/Youth Information

Last Name:		First Name:	
DOB:	Age:	Grade:	
Sex (e.g., female, intersex):	Gender Identity (e.g., masculine, agender):	Preferred personal pronoun (e.g., she, they):	
Baptized: ___ yes ___ no ___ would like to discuss with clergy	Confirmed: ___ yes ___ no ___ would like to discuss with clergy If yes, Denomination in which confirmed:		
Email:	Cell:		
Preferred methods of contact (check all that apply): ___ Email ___ Cell ___ Text ___ Other:			
Siblings:		Lives with:	

Parent/Guardian 1:

Parent/Guardian 2:

Last Name:			Last Name:		
First Name:			First Name:		
Relation to Participant:			Relation to Participant:		
Address Street:			Address Street:		
City:	State:	Zip:	City:	State:	Zip:
Cell:	Home:	Work:	Cell:	Home:	Work:
Email:			Email:		
Preferred methods of contact (check all that apply): Email Cell Text Other:			Preferred methods of contact (check all that apply): Email Cell Text Other:		

Participation Authorization

By signing on page two herein, I/we the parent(s) or legal guardians(s) of the child/youth named above hereby authorize her/him/them to participate in activities of our church or Diocese from 1 September 2018 through 8 September 2019.

PLEASE NOTE: St. Jude's is committed to providing safe and supervised activities for children and youth both on and off campus. Due to the nature of our insurance policy, we must ask for a shorter separate permission slip for every off campus event. These forms will be specific to each event throughout the year. If a youth chooses to leave campus, and we are not at a scheduled outing, then St. Jude's cannot be responsible for that youth. Please discuss with your youth your personal expectations how they can arrive to, and leave from, church activities.

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Last Name:	First Name:	DOB:
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Medical Authorization

St. Jude's Episcopal Church has a strong commitment to provide inclusive programs that can be responsive to the individual needs of each participant who attends. By better understanding your child's unique strengths and challenges, we can provide better support for building a strong community of youth and children. The insights you share can help ensure a rich experience for everyone.

By signing below, I/we the parent(s) or legal guardians(s) of the child/youth named above hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed medical personnel on staff of any licensed hospital or clinic. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

Allergies to food (or NA if none)	Allergies to drugs
Last Tetanus shot	Family Physician
Insurance Co.	Policy #

***Is your child/youth taking any prescription or non-prescription medication?** ___yes ___no

*Staff CANNOT administer medication. If **YES**, please answer the following questions:

Medication 1	Can medication 1 be self-administered? ___yes ___no	Dosage:	Time administered:
Medication 2	Can medication 2 be self-administered? ___yes ___no	Dosage:	Time administered:

Please describe any special accommodations, modifications, or other information that would be helpful to know in caring for your child/youth, including **dietary restrictions/accommodations or other needs**:

Additional pages attached regarding sections: _____

Authorizing parent/guardian

Parent or Guardian (print):	Parent or Guardian (signature):	Date:
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Emergency Contact

Last Name:	First Name:	Relation to Participant:	
Address:	City:	State:	Zip:
Cell:	Home:	Work:	
Preferred methods of contact (check all that apply): <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other:			