

**St. Jude's Episcopal Church | 2.1 Registration Form, 2017-18**

*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 (male, female, other):	Gender (masculine, feminine, other):	Preferred personal pronoun (he, she, they, etc.):	
Baptized: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> would like to discuss with clergy	Confirmed: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> would like to discuss with clergy	If yes, Denomination in which confirmed:	
Email:	Cell:		
Preferred methods of contact (check all that apply): <input type="checkbox"/> Email <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> 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): <input type="checkbox"/> Email <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other:			Preferred methods of contact (check all that apply): <input type="checkbox"/> Email <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> 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 13 August 2017, through 31 August 2018.

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, personal expectations how they can arrive to, and leave from, church activities.

**St. Jude's Episcopal Church | 2.1 Registration Form, 2017-18**

Last Name:	First Name:	DOB:
------------	-------------	------

**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:

<b>Medication 1</b>	Can medication 1 be self-administered? <input type="checkbox"/> yes <input type="checkbox"/> no	Dosage:	Time administered:
<b>Medication 2</b>	Can medication 2 be self-administered? <input type="checkbox"/> yes <input type="checkbox"/> 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:


Additional pages attached regarding sections: \_\_\_\_\_

**Authorizing parent/guardian**

Parent or Guardian (print):	Parent or Guardian (signature):	Date:
-----------------------------	---------------------------------	-------

**Emergency Contact**

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