



Registration Form 2011/2012

Child's Name: _____

Child's Age: _____ Date of Birth: ____/____/____

Child's Grade and School: _____

Parent(s) Name(s): _____

Home Address: _____

Email Address: _____

Phone Number: _____

Emergency Contact Name (not parent): _____

Emergency Contact Phone Number: _____

Has your child been involved in PraiseTown in the Past? _____

If so, for how many years? _____

Does your child play a musical instrument? _____

If so, what instrument and for how long? _____

Will your child be staying for AWANA? _____

I give my child permission to participate in the PraiseTown activities for 2010/11.

Parent Signature: _____

Please return this form to Jessica Brister's Chapel mailbox (located by the nursery entrance) or bring it to PraiseTown rehearsal with you.

The Chapel in North Canton

Emergency Medical Authorization

Section 3313.712, Ohio Revised Code
(Pursuant to Am. H.B. 1175)

Purpose: To enable parents and Guardians to authorize the provision of emergency treatment for children who become ill or injured while involved in church activity, when the parents or guardians cannot be reached.

Part I or II must be completed

Part I – To Grant Consent

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent or guardian) at _____ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (Preferred physician) or Dr. _____ (preferred dentist), or, in the event the preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

(Signature)

(date signed)

Part II – Refusal to Consent

(DO not complete Part II if you completed Part I)

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the youth leaders to take no action or to:

(Signature)

(date signed)