

## **Registration & Medical Information**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Business Phone # \_\_\_\_\_

**If above person is not available for an emergency, please notify the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

I also agree that the following named people have my permission to pick up my child from camp. I understand that anyone not listed below will not be granted permission to take my child from the campus. I must request in writing any additional names to be added to the pick up list. This must be given by the parent to a staff member. Please understand that no additions to the list can be made via telephone.

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

**In case of emergency**, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the Physician or Medical emergency team selected by The Tabernacle Christian School staff to secure proper treatment for my child. This may include hospitalization, anesthesia, surgery or injections of medication for the health and well being of my child. I also agree to accept responsibility for the cost of any medical services.

**Medical Information (Please check)**

Asthma \_\_\_\_\_ Heart Disease \_\_\_\_\_ Leukemia \_\_\_\_\_  
Allergies \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Cancer \_\_\_\_\_  
Convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Hemophilia \_\_\_\_\_

Explanations \_\_\_\_\_  
Is there any reason to restrict full activities? \_\_\_\_\_  
Any allergies or allergic reactions? \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
by \_\_\_\_\_ who is personally known by me or who has  
produced \_\_\_\_\_ Identification, and did/did not take an oath.

Signature of Notary \_\_\_\_\_