

West Stephentown Baptist Church

Youth Ministry Registration Form

Parent or Guardian: Please fill out the following information. This information is accepted for all youth ministries conducted by WSBC. We will have this form renewed each year to keep us updated.

Off-Site Permission: Occasionally, ministries will be conducted off-site. These activities are plan in advance and all conduct policies of WSBC remain in effect. Agents of WSBC in charge of the offsite event shall have a copy of this form with them in case of an emergency.

Allowed to go off-site: No Yes - All Events Yes- For Event(s):

Participant Information:

Name:

Date of Birth: / /

Age:

Grade:

Sex:

First Aid/Emergency Medical Treatment: I recognize there may be occasion my child may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I understand that every effort will be made to contact me in that event. If I cannot be reached, I give permission for the agents of the West Stephentown Baptist Church to seek and secure needed medical attention or treatment for my child, including hospitalization, if in the agent's opinion such a need arises. In addition, I consent for staff/volunteers to administer over the counter medications listed below, as well as that medication prescribed by my child's physician (given to staff prior to participation).

Medications allowed (check all that you consent to): Tylenol Ibuprophen Pepto Bismal Tums
Benadryl Throat Lozenges Cough Syrup Oinments

To Any Doctor or Hospital: I give my permission for attending physician(s) and other medical personnel to administer any and all medical treatment required.

Does your child require: (a) EpiPen : (b) Inhaler: (c) Other Medications currently taken:
Medication(s) and Time Administered:

Allergies:

Special Diet:

Physical Limitations:

Special Needs/Concerns:

Physician:

Phone:

Dentist:

Phone:

Contact Information:

Parent/Guardian Name:

Phone:

Phone:

Street Address:

City/Zip:

Email:

Alternate Contact in case you cannot be reached:

Name:

Phone:

Allowed to pickup child:

Name:

Phone:

Allowed to pickup child:

Parent/Guardian Signature:

Date: / /