

Souderton Mennonite Church Registration and Parental Consent Form

SMC Children's Ministry 2017-2018

General Contact Information:

Parent (Guardian's) name _____ Home number _____

Work number _____ Cell number _____ E-mail _____

Address _____ City _____ State _____ Zip _____

_____ Both parents(guardians) share the same address (Yes or No)

Parent (Guardian's) name _____ Home number _____

Work number _____ Cell number _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Child Pick Up Consent: (person)

The following individuals may pick up my child(ren) from Sunday School, Clubs, and/or Children's Church. Note siblings in 6th-12th grade may pick up their sibling if their name is listed on this sheet.

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Medical Insurance Information:

Medical insurance: Yes _____ No _____

Insurance carrier _____ Policy# _____

Physician _____ Office phone # _____

Dentist _____ Office phone # _____

Name(s) of insured children

Child Name (Last, First, Middle) _____

Child Name (Last, First, Middle) _____

Child Name (Last, First, Middle) _____

Emergency Contact Information:

In case of an emergency, please describe the best way to contact you and/or where we can find you during...

Sunday School _____

Wednesday Night Clubs _____

In case of emergency, list a relative or neighbor that we should contact if unable to reach a parent/guardian.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Letter of Parental Consent:

I/we _____ (name(s) of Parent/Guardian) give permission for my children...

Child Name (Last, First, Middle) _____

Child Name (Last, First, Middle) _____

Child Name (Last, First, Middle) _____

... to participate in all church-sponsored activities on the church premises, and trips and activities away from the church premises throughout the current school year. Children will be accompanied by a teacher or adult sponsor and will be under adequate supervision. I/we understand that I/we will be given prior notice of all trips away from the church premises. I/we further understand that I/we may revoke permission for a specific activity or trip at any time.

Although the church desires to provide a safe and enjoyable time for all children and youth, accidents can still happen. I/we understand that there are risks/dangers involved with participation in on and off campus events and their associated activities. In consideration of my child being allowed to participate in church sponsored activities or trips, I/we agree to assume responsibility for those risks/dangers associated with the travel and activities. I/we agree to hold harmless Souderton Mennonite Church (SMC), its employees and representatives, including volunteers and drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional misconduct by the church, its employees or volunteers.

In case of an accident, illness, or other emergency, I/we request that SMC contact me/us. If SMC cannot reach a parent/guardian after conscientious effort, I/we give permission for church staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for the church staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care, which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. In cases where medical care is needed but the situation is not an emergency, SMC will make every effort to contact the parents/guardians before treatment is given.

I/we give consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child(ren) during SMC activities, to be used, distributed, or shown through Internet or written publications or as SMC sees fit. Yes _____ No _____

I/we have read the above Letter of Parental Consent and are fully familiar with the contents thereof.

Parent/Guardian signature _____ Date _____

Behavioral Expectations:

So that our actions can be God honoring and peaceable, the following are guidelines that are expected from each child:

- Be an active participant within the group
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

I have read the above expectations and discussed them with my child(ren).

Parent/Guardian signature _____ Date _____

Child Specific Information:

Child Name (Last, First, Middle) _____

Male: _____ Female: _____ Age: _____ Grade Level: _____ Birth date: _____

Name of School _____

List any allergies (food, medicine, etc.) and severity of reaction:

List any other important information we need to be aware of (ie; physical limitations, fears, special needs, etc):

For children participating in off-campus and overnight trips, please complete the questions contained in this box:

Medication(s) being taken: (medications must be given to trip coordinator in original prescription bottle for all off campus activities and trips.)

Date of last tetanus shot _____ Does your child wear: glasses _____ contact lenses _____

For your child's safety and our knowledge is he/she a: good swimmer _____ fair swimmer _____ non-swimmer _____

Additional Comments:

This form is valid for the current school year, September 1, 2017 through August 31, 2018. This form must be updated on an annual basis. In addition, if there are any changes in your child's medical care provision or needs, please contact the Children's Ministry Director, immediately.

Child Specific Information:

Child Name (Last, First, Middle) _____

Male: _____ Female: _____ Age: _____ Grade Level: _____ Birth date: _____

Name of School _____

List any allergies (food, medicine, etc.) and severity of reaction:

List any other important information we need to be aware of (ie; physical limitations, fears, special needs, etc):

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Phone: 215-723-3088