

**Laguna Niguel Presbyterian Church – Children’s Ministries
Registration and Medical Release Form**

(Please fill one out for each student involved in the program)

Child’s name _____ Birth Date _____

Parent/Guardian(s) name _____ Email _____

Address/City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

School _____ Entering Grade in Fall (2010-11) _____

Sibling’s names and ages _____

Child lives with _____ Are parents/guardians members of LNPC? Yes No

Doctor (name and address) _____

Doctor’s Phone _____ Date of last Tetanus shot _____

Insurance Company _____ Insurance Co. Phone _____

Group, Policy or ID number _____

Primary Contact in Case of Emergency _____

Phone _____ Relationship to Child _____

Secondary Contact in Case of Emergency _____

Phone _____ Relationship to Child _____

Any Special Medications, Medical Conditions or Allergies _____

We, the undersigned parents/guardians of _____, a minor, do hereby request that he/she remain under the care and supervision of Laguna Niguel Presbyterian Church Children’s Ministries from **July 2010 - June 2011**.

Should need arise or be perceived, we authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the prohibition of the Medical Practice Act or a dentist licensed under the provision of the Dental Practice Act and on the staff of any acute general hospital holding a current license under the laws of the state of California.

It is understood that this authorization is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to the rendering of treatment, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

We will not hold Laguna Niguel Presbyterian Church, its members, parent supervisors, chaperones or any affiliated organization liable for medical aid rendered, and will reimburse him/her for medical or other expenses incurred in the care of our child.

THIS AUTHORIZATION IS GIVEN PURSUANT TO SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA AND REMAINS EFFECTIVE ONLY FOR THE DATES LISTED ABOVE.

Parent/Legal Guardian Signature _____ Date _____

Sunday School _____ Pathfinders _____ VBC _____ MOPS _____ Special Events _____
(please check and initial all applicable) *rev. 05/2010*