



STUDENT REGISTRATION OF HEALTH INFORMATION

Effective _____

Name: _____ Birthday ___/___/___ Male _____ Female _____

School _____ Grade _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Cell _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Phone (H) _____ Phone (W) _____ Cell _____

Alt. Emergency Contact _____ Phone (H) _____ Phone (W) _____ Cell _____

Student e-mail address _____ Parent e-mail address _____

Medical insurance carrier _____ Policy or group # _____

Carrier address _____ Name of insured person _____

Name of family physician _____ Phone _____

Name of dentist/ orthodontist _____ Phone _____

HEALTH INFORMATION

Allergies (dates not needed) _____ Frequent Ear Infections _____ Diabetes _____ Bleeding Disorders _____ Hay Fever _____

Penicillin _____ Heart Defect/Disease _____ Asthma _____ Mononucleosis _____ Seizures _____ ADD/ADHD _____ Downs Syn. _____

Other _____

Chronic or Recurring illness or medical condition _____

Medication Name _____ Dosage _____

Medication Name _____ Dosage _____

Blood Type (if known) _____ Reason taking above meds _____

Are all immunizations current? (MMR, tetanus, hepatitis Yes _____ No _____

Dietary Restrictions _____

Describe your students swimming ability: Beginner _____ Intermediate _____ Advanced _____

Any other information you feel the leaders should know in advance about your student:

Please note the following rules of conduct expected from each student: *Respect one another, leaders, & staff *No alcohol, drugs, tobacco permitted *No fighting permitted *No lighters, weapons, fireworks, explosives *No students permitted to drive for events *Respect Property *No offensive or immodest clothing *No boys in girl's sleeping quarters & vise versa *Respect and comply with event schedules ****Failure to comply with these expectations could result in your child being sent home at your expense.** If it is your desire to limit your child's participation in any event, please submit your wishes in writing to EPAG prior to that event.

My child has permission to attend all church sponsored youth activities as listed in calendars, website, and/or EPAG Bulletins, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, miniature golfing, hayrides, & paintball.

Parent (s) /guardian Signature _____ Date _____

Student's Signature _____ Date _____



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_____ initial	I (We) acknowledge that my child's participation in the Eden Prairie A/G preteen program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Eden Prairie A/G youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Eden Prairie A/G youth program activities, I (We) agree to the following:
_____ initial	Eden Prairie Assembly of God is not responsible for the loss or theft of personal belongings.
_____ initial	Misconduct may result in transportation home from an activity at parent's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.
_____ initial	I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications, and the Internet website of Eden Prairie Assembly of God (EPAG).
_____ initial	I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or related to my child's participation in EPAG's youth activities, the following person, or entities: EPAG, its senior pastor and associate pastors, deacons, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of EPAG, EPAG's staff or volunteers and: C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all EPAG youth activities.
_____ initial	The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.
_____ initial	I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to an EPAG representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Child's Name _____

Parent(s)/ Guardian Signature _____

Parent(s)/ Guardian Phone _____ Date: _____

