

# La Crescenta Presbyterian Church Registration and Permission Form

2018-2019

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Student's Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Alternate Guardian Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Student Grade for 2018-2019 School Year (circle one):

7th            8th            9th            10th            11th            12th            College/Young Adult

Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)      Student Gender: M / F

Parent/Legal Guardian's Name:

Father/Guardian Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Mother/Guardian Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Emergency Contact *OTHER THAN PARENT/GUARDIAN*:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Student Health Information:**

A. IMMUNIZATION: Are all immunizations and shots currently up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. ALLERGIES: List any allergies the student has: \_\_\_\_\_

C. MEDICATION: List any medication being taken: \_\_\_\_\_

D. MEDICAL ALLERGIES: \_\_\_\_\_

E. INSURANCE INFORMATION:

Provider: \_\_\_\_\_

Policy No: \_\_\_\_\_ Group No: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Other Info:

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**PERMISSION:**

My Child, \_\_\_\_\_, has permission to participate in any church event as planned by the La Crescenta Presbyterian Church Student Ministry Department. I understand that this may include swimming at water parks, both public and private pools, hiking and/or camping activities, beach trips, and field trips by church vehicles or private transportation. I understand that I will pick up and drop off my student at La Crescenta Pres. unless alternate arrangements have been previously made and communicated to the Youth Ministry Staff.

By signing below, I consent to allowing Joshua Horton, Student Ministry Director, *OR* a representative of La Crescenta Presbyterian Church to arrange for routine or emergency medical care and treatment necessary to preserve the health of our (my) child. I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing below, I grant LCPC permission to keep this form on file until 2019/2020.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_