

Sunrise United Methodist Church Sunday School Registration & Emergency Form

Student Information:

Last Name: _____ First Name: _____

Preferred Name (i.e. nickname): _____ Date of birth: ____/____/____

Parent/Guardian Name: _____ relationship: _____

Parent/Guardian Name: _____ relationship: _____

Address (inc. city & zip) _____

Home Phone: (____) _____ Cell Phone (____) _____

Email (parent/guardian); _____

Email (student): _____

Emergency Contact Name: _____ relationship: _____

Emergency Contact Phone: (____) _____ Cell Phone (____) _____

Please note any SPECIAL NEEDS (i.e. hearing aids, glasses, reading problems, etc) _____

Allergies (food & environmental): _____

Photo/Video Release: I hereby consent to and give my permission to Sunrise United Methodist Church to use my child's picture, voice and likeness in its programs and activities, including the advertisement and promotion of same. (please sign) _____

Permission to Administer Medications and Seek Medical Attention

I give my permission to Sunrise United Methodist Church to give the following medications (or their generic equivalents) to my child, in accordance with the recommended package dosing for the specific indications listed below:

- Tylenol for mild fever or discomforts:
- Benadryl for allergy symptoms:
- Ibuprofen for mild fever or discomforts:
- Sudafed for allergy symptoms:
- Throat Lozenges for coughing and/or sore throat:
- Antacid for upset stomach:
- Topical Creams for itching, sunburn or insect bites:
- Anti-diarrhea meds for diarrhea:

Identify any medications that your student does not/may not take: _____

Further, the Pastor, Designated Safety Officer, or their representative is authorized to seek any and all emergency health care.

Parent/Guardian

Today's date