

MEDICAL INFORMATION (Under 18 years of age)

NAME OF CHURCH _____ DATE _____ YEAR _____

FIRST NAME _____ AGE _____ SEX _____

ADDRESS _____ (STREET)

(CITY) _____ (ZIP CODE) _____

PARENT/GUARDIAN _____

HOME PHONE _____ DATE OF LAST TETANUS SHOT _____

EMERGENCY CONTACT (relation) & PHONE NUMBER _____

REGULAR MEDICATIONS

ACTIVITY RESTRICTIONS

ALLERGIES (Foods, medicines, animals, etc)

ACCIDENT/HEALTH INSURANCE PLAN & NUMBER

PLEASE LIST: ANY OTHER CONCERNS OR THINGS WE MAY NEED TO KNOW:

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the Director or TCF Staff to secure proper treatment or to hospitalize, to order injections, transfusion, anesthesia or surgery for my child. I further agree that I will not hold The Campbell Farm or the Presbytery of Central Washington, their agents or employees, responsible for any accident or injury arising out of my child's participation during the time period described in this registration.

PARENT/GUARDIAN SIGNATURE _____ DATE _____ YEAR _____

PHOTOGRAPHS

I give permission for The Campbell Farm to use any photographs of my child taken during their stay at the Farm for the purpose of Public Relations, i.e. newsletters, brochures, local newspaper articles, power point show, etc. in order to help promote the ministry of the Farm.

PARENT/GUARDIAN SIGNATURE _____ DATE _____