Registration Form for Ministry Programs at Pioneer Baptist Church

CONTACT INFO: Please complete one form per person:

Child's Name _____ Date of Birth _____

Street Address _____

Town _____ Postal Code _____

1) Parent's Name _____

Email _____ Phone _____

2) Parent's Name _____

Email _____ Phone _____

Guardian's Name _____ Phone _____

MEDICAL INFO:

Emergency Contact _____ Phone _____

Does your child have severe allergies (bee stings, food, drugs)? No _____ Yes _____

Please specify: _____

Does your child carry any medication (antibiotics, Ventolin, Ritalin)? No _____ Yes _____

Please specify: _____

Check if your child currently has any of the following medical conditions:

___ Appendicitis	___ Fainting	___ Sinusitis
___ Asthma	___ Hay Fever	___ Tonsillitis
___ Chicken Pox	___ Hepatitis	___ Other (Please specify)
___ Diabetes	___ Measles	_____
___ Ear Infections	___ Mumps	_____
___ Epilepsy	___ Severe Stomach Aches	_____

Date of Last Tetanus Shot _____

*** DISCLAIMER AND AUTHORIZATION NOTES: Please read carefully and sign below:**

Precautions are taken for the health and safety of your child, but in the event of accident or sickness, Pioneer Baptist Church, its staff, and volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays, or treatment, every attempt will be made to contact the parents/guardians. Emergency personnel will be called if the situation warrants.

I authorize the administration of any first aid treatment necessary, and, in the case of medical emergency, give permission to the attending Physician to hospitalize, secure treatment for, and order injection, anaesthesia or surgery for my child/youth.

Note: Your child/youth must be covered by Ontario Health Insurance or equivalent medical health insurance

Provincial Health Card Number: _____

Name of Family Physician: _____

Physician's Phone Number: _____

* I am in agreement of the **Disclaimer and Authorization Notes** above.

I also give permission to photograph my child for the purpose of posting pictures on the Pioneer Baptist Church website or social media. Permission granted? _____ Yes _____ No

Parent/Guardian Signature _____ Date _____

Please Print Name Clearly _____ Cost By Free-will Offering.

Please drop off your child(ren) no earlier than 6:20 pm and pick up your child(ren) promptly at 7:30 pm.