

Child Permission, Health & Release Form

(Please photocopy and fill out one sheet for each child.)

If you prefer to register online, these forms are available at pcaga.org/families

Child's Name _____ Birthday (mm/dd/yyyy) _____ Age _____

Home Address _____ City _____ State _____ Zip _____

Name of Mother _____ Cell (required) _____

Name of Father _____ Cell (required) _____

Location during General Assembly

Hotel Name (during GA 2020) _____ Phone _____

Emergency Information

Medical Insurance Co. _____ Policy # _____

Name of Primary Policy Holder _____

Medical History

List any pre-existing or present medical condition(s): _____

Name and dosage of medication that must be taken: _____

Check the following areas of concern for your child, adding necessary comments below:

Does your child have allergies to: Medications Food Insect Bites Other _____

Please explain _____

Does your child require an Epi-pen? Yes No

Does he/she know how to use it? Yes No

Does your child suffer from, or has ever experienced, or is currently being treated for:

Asthma Diabetes Epilepsy/Seizure Disorder Heart Trouble Physical Handicap

Please explain _____

Does your child have any Special Needs? Yes No

Please explain _____

Date of last Tetanus Shot? _____

Does your child wear glasses or contacts? Yes No

Does your child know how to swim? Yes No

Should your child's activities be restricted for any reason? Yes No

Please explain _____

Mail completed form to:

Georgia Holdefer, Briarwood Presbyterian Church, 2310 Briarwood Trace, Birmingham, AL 35243