

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 2022) _____ 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:

Evan Travers, Briarwood Presbyterian Church, 2310 Briarwood Trace, Birmingham, AL 35243

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Child's Name _____

Permission and Release Agreement

My child has permission to participate in all of the activities for his/her age group that are scheduled for the 49th General Assembly in Birmingham, AL. In the event my child becomes ill or is injured while under the supervision of the Nursery, Elementary, or Youth staff, I approve the appropriate authorities taking the following actions:

- 1. Contact the parent or legal guardian and follow his/her instructions.
- 2. In the event of an emergency, when neither parent nor guardian can be reached immediately, the General Assembly Host Committee, or authorities of the Presbyterian Church in America are authorized to use their best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care.
- 3. In the event of such an emergency, I also waive any rights to privacy of any medical information related to the emergency, in order that the appropriate care might be obtained. In consideration of the General Assembly Host Committee, Evangel Presbyterian and the Presbyterian Church in America (a Corporation) making available the 49th General Assembly Nursery, Elementary and Youth activities, I hereby waive, release and discharge its agents, volunteers and employees from any and all claims and liability of any kind or nature. We have read the above and understand this release. Furthermore, in the event of an emergency, said care providers have our permission to administer first aid or obtain emergency medical treatment in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child.

Photo Release: Presbyterian Church in America and its legal representatives and assigns, retain the right and permission to publish, without charge, photographs taken during the General Assembly. These photographs may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways.

Medical Release: While we do our best to provide the safest possible environment for our events, the Presbyterian Church in America cannot be held responsible for any medical emergencies that occur during the General Assembly.

Cancellation Policy: If you must cancel, please request a refund in writing by email to: GA2022Reg@gmail.com. There are no refunds after June 8, 2022.

I understand this is a Release and with that knowledge, I voluntarily sign it.

First Name _____ Last Name _____

Signature _____ Date _____

Comments _____

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