



REGISTRATION & MEDICAL INFORMATION FORM
2014 - 15

FIRST PRESBYTERIAN CHURCH OF EDGEWOOD, 120 E SWISSVALE AVE, PGH PA 15218, 412-241-4613

STUDENT:

Name _____ Date _____

Grade ____ Teacher _____ Age ____ Date of birth: _____ Sex ____

Home Address: _____

Home Phone: _____ Parent e-mail (if any) _____

ADULTS:

Father's Full Name _____ cell _____

Work phone _____ Hours _____

Mother's Full Name _____ cell _____

Work phone _____ Hours _____

Stepparent/Guardian's Name _____ cell _____
or Grandparent

Work phone _____ Hours _____

PICK-UP/RELEASE: Beside parents/guardians above, the following people may pick up my child(ren) when specified by me. [Please notify FROGS Director in advance of any change in who is to pick up your child and ask the person to bring identification.]

_____ Relationship to Child _____

Phone _____ Address _____

_____ Relationship to Child _____

Phone _____ Address _____

_____ Relationship to Child _____

Phone _____ Address _____

*Please list any persons **NOT** permitted to pick up your child: _____

Complete reverse/page 2 with medical/emergency info and sign. Attach separate page if needed.

MEDICAL:

Is your child allergic to: ___ Food ___ Insect Sting ___ Pets ___ Other *List specifics below*

List anything of which the staff should be made aware (allergy, asthma, diabetes, heart condition, etc.)

Doctor _____ Phone _____ Tetanus shot up to date? YES NO

If student is currently under medical treatment, give the nature of the treatment and medication, if any (Specify the doctor's name and phone number if different than general doctor above):

Health Insurance: _____ Phone _____

Name of Guarantor _____ Agreement # _____

Employer (if group insurance) _____ Group # _____

Phone _____ Address _____

Dentist _____ Phone _____

FIRST AID/EMERGENCY: If the FROGS Director cannot contact parent/guardians listed, please list relatives or friends who would have the authority to advise us regarding your child.

Name _____ Relationship to Child _____

Phone 1 _____ Phone 2 _____

Name _____ Relationship to Child _____

Phone 1 _____ Phone 2 _____

If urgent or EMERGENCY TREATMENT is required, may FROGS Director, church authorities, or designee use their own judgment in sending your child to a hospital or doctor most easily accessible before the parent/guardian can be reached? YES NO

Preferred hospital _____

Preferred doctor _____

It is understood that in the final disposition of an emergency case, the judgment of the church authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify the church in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless First Presbyterian Church of Edgewood, the FROGS Director and staff, and any other designee, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at the F.R.O.G.S. after-school sessions.

Signature of parent/guardian _____ **Date** _____