



WESTMINSTER PRESBYTERIAN CHURCH

Child Participation Form

(Please print. If you are submitting this form online, please complete, save to your computer, and email to lboyd@westminster-church.org.)

Child's name _____ M ___ F ___ Birthdate _____

Address _____ Home phone _____

Mother's name _____ Work phone _____ Cell _____

Father's name _____ Work phone _____ Cell _____

Which WROC class is your child attending? _____

If your child is attending Child Care, which class are you attending? _____

Please describe any allergies (food or otherwise) _____

Has your child been issued an epi-pen? Yes ___ No ___ If yes, will you be supplying an epi-pen? Yes ___ No ___

Is your child on any medication? Yes ___ No ___ ; if yes, please describe _____

Does your child have any special needs? Yes ___ No ___ ; if yes, please describe _____

Pick up persons:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Are there any custody issues? Yes ___ No ___ ; if yes, please describe situation _____

Specific persons NOT authorized to pick up _____ Relationship _____

Insurance Company _____ ID# _____

Name of insured _____

Should family physician be contacted if parent(s) is not available? Yes ___ No ___

Name of physician _____ Phone _____

Your child will be taken to the St. Clair Hospital Emergency Room when parents or family physician cannot be reached. No treatment, except life-saving procedures, will be given at the hospital without the consent of the parent(s), authorized relatives, or a family physician. Please consult with your family physician about providing emergency treatment of your child should you not be available.

I, _____, understand that it is absolutely imperative that the school be informed of any unusual existing conditions such as physical or mental developmental issues, food allergies, convulsions, diabetes, nosebleeds, nervousness, heart ailment, rheumatic fever, etc.

Parent signature (Online submissions: I understand that my typed name will serve as my signature.) _____

_____ Date