



Registration & Medical Information / Parental Permission & Release

1132 Pickett Road Norfolk, VA 23502 | 757.447.0686

Participant Name _____

Gender Male Female

Age _____

Date of Birth _____

Primary Address _____

City/State/Zip _____

Father / Guardian

Mother /Guardian

Name _____

Name _____

Home/Cell Phone _____

Home /Cell Phone _____

Business Phone _____

Business Phone _____

Email _____

Email _____

Emergency Contacts (Other than Parents)

Contact 1

Contact 2

Name _____

Name _____

Relationship _____

Relationship _____

Home /Cell Phone _____

Home /Cell Phone _____

Complete Address _____

Complete Address _____

Medical Information

Health Insurance Information

Doctor's Name _____

Company Name _____

Office Address _____

Address _____

Phone _____

Phone _____

Policy Number _____

Group Number _____

*** Note: Attach a copy of the front and back of your insurance card to this form.**

Medical History / Current Information

Date of Last Tetanus Shot _____

All immunizations Are Current Not Current

Current Medical Conditions _____

Drug Allergies _____

Food Allergies _____

Insect Allergies _____

Current Medications

Dosage

Schedule

My child can take Tylenol Advil Ibuprofen

Benadryl Other: _____

PARENTAL / GUARDIAN PERMISSION AND RELEASE

AUTHORIZATION

The consent form gives permission to apply insect repellent and sunscreen and seek whatever medical attention is deemed necessary, and hereby releases Blue Ribbon Results Preschool and Hampton Roads Church, its staff, and volunteers of any liability against personal losses of named participant.

We the undersigned have legal custody of the student named below, a minor, and have given our consent for him/her to attend events / activities / trips planned, organized, or coordinated by Blue Ribbon Results Preschool. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Preschool, Church, its ministers, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

While I understand that Blue Ribbon Results Preschool will take all reasonable steps to provide individual care and safety for my child, I am aware that the Preschool or their employees or volunteers cannot assume any responsibility for an injury, damage, or harm which might result during the course of any activity or function so sponsored or attending. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as parent or guardian of my child. Should any claim be asserted by any person as the result of the acts of my child while participating in the course of activities provided by the Preschool, or traveling to or from such activity, I agree to indemnify and hold the Preschool harmless from any claims, including attorney fees and costs incurred by the Preschool in defense thereof.

In the event that my child is injured and /or requires the attention of a doctor, I / We consent to any medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and / or suits for damages arising from the giving of such consent. I / We also acknowledge and understand that I / We will be ultimately responsible for the cost of any medical care should the cost of that medical care not be covered or reimbursed by our health insurance provider. Further, I/We affirm that the health insurance information provided is accurate at this date and if changes occur, I/We understand it is our responsibility to report and provide updated information to Blue Ribbon Results Preschool.

Activities / events may include, but are not limited to, local mission projects, cookouts, parties, field days, fieldtrips, and inside and outside gross motor games. This document also gives my/our permission for my child to ride in vehicles leased / rented by Blue Ribbon Results Preschool, and or private vehicles of adults involved with the children.

_____ *(child's name) has my / our permission to attend and participate in activities as well as be transported by Blue Ribbon Results Preschool - effective day 1 of attending the program and continues until the child withdraws from the program.*

Parent / Guardian Signature

Parent / Guardian Printed Name

NOTARY INFORMATION

On this _____ day of _____, _____, _____
personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Notary Public _____

Notary Registration Number _____

My Commission Expires _____