

**FORM CS6**

Event Registration & Medical Information Form

Seventh Day Adventist Reform Movement

1. GENERAL INFORMATION

Event Name: _____ Event Location: _____
Adult/Parent 1: _____ Phone: _____
Adult/Parent 2: _____ Phone: _____
Address: _____ Email address: _____
Child's 1 Name: _____ Date of Birth: _____
Child's 2 Name: _____ Date of Birth: _____
Child's 3 Name: _____ Date of Birth: _____
Child's 4 Name: _____ Date of Birth: _____

2. MEDICAL INFORMATION *(Please use back of form if more space is required.)*

Individual	Allergies	Allergies/Medical Condition – Please List
Adult/Parent 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Adult/Parent 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Child 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Child 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Child 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Child 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you or does your child have an allergy action plan or Epi-Pen: ☐ Yes ☐ No

If yes, where are they kept? _____

3. MEDIA USE PERMISSION

At events or programs, your child may be photographed or recorded on audio or video as part of our record or promotion of the activities taking place. These photos or recordings may be used or published in various church-controlled media platforms such as newsletters, brochures, bulletin boards, YouTube, Facebook, etc on a not-for-profit basis. **If I do not give permission for media use, I understand that it is my responsibility to fill in Form CS5, Photograph/Video Recordings Parental/Guardian Acknowledgement.**

4. EMERGENCY CONTACT

Name: _____ Relationship: _____
Mobile: _____ Home: _____ Work: _____

5. AUTHORISATION AND ACKNOWLEDGMENT

- I understand that it is my responsibility to notify leaders, staff or volunteers if I choose not to give permission for my child/children to participate in activities and I will supervise them during those times.
- I understand that it is my responsibility to state if I do not permit media use (photos and/or video recordings) and if so, I have filled out on Form CS5.
- I understand that in cases of serious allergies, meals may not be able to be provided at all events.
- I understand that in cases of serious allergies, I am responsible to bring my or my child/children's allergy action plans and prescribed medication and ensure that it is readily available at all times (I will notify leaders of location).
- In the case of emergency, I accept responsibility for payment of all expenses associated with medical transport and treatment. I give permission for leaders/staff to administer first aid and seek medical help as necessary.
- If any details and/or permissions change, I will notify leaders, staff and/or volunteers.

Adult/Parent 1 Signature: _____ Date: _____

Adult/Parent 2 Signature: _____ Date: _____