

CHILDREN & YOUTH REGISTRATION & MEDICAL RELEASE FORM

Ladera Community Church | Portola Valley, CA

Please fill out for each child/youth in your household:

Child's Name:	Birthdate:	Grade:
Please list allergies, medical conditions, and medications:		
Please list any special dietary needs or restrictions:		

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Please fill out for each parent or guardian:

Parent/Guardian:	
Email:	Preferred Phone:
Address:	

Parent/Guardian:	
Email:	Preferred Phone:
Address:	

Continue to back...

This form is valid for one (1) year from the date it is signed.

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Insurance Information

Name of DOCTOR:	Phone:
Location of Office:	
Health Insurance Provider:	
Name of Primary Insured:	Medical ID #:

Name of DENTIST:	Phone:
Location of Office:	
Health Insurance Provider:	
Name of Primary Insured:	Medical ID #:

Alternate Emergency Contact

If parents/guardians can not be reached, please call:	
Phone:	Relationship:

Other information we should know about your child(ren):

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I give permission for my minor child(ren) to participate in the Faith Formation programs at Ladera Community Church (LCC). Such participation may include supervised walking field trips near the church and driving trips in the general geographic region in a properly insured car driven by a licensed driver over the age of 25.

I understand that photos may be taken of my child participating in these events and may be used by LCC on internal and external media unless I request in writing that they not be shared.

In case of emergency due to serious illness or injury, I give my permission for staff and volunteers of LCC to authorize any necessary medical or dental treatments until such time as I can be present. I have listed all pertinent medical conditions and medications. If new medical conditions arise that may affect emergency medical treatment, I agree to inform LCC by filling out an updated registration form.

Parent/Guardian Signature _____ Date _____

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