

Respite Event

Family Registration Form

(One form per child please for each child with special needs)

Date _____

Child's Name _____ Birth Date _____ Age _____ M F

Child lives with: ___ both parents ___ mother ___ father ___ other _____

Home address _____ City _____ ZIP _____

Home phone number _____ Email address _____

Father's name _____ Home # _____ Cell # _____

Address (if different than above) _____

Mother's name _____ Home # _____ Cell # _____

Address (if different than above) _____

Alternate Emergency Contact _____

Home # _____ Cell # _____

What is your child's diagnosis? What health concerns should we be aware of?

Is your child in a wheelchair? Or do they have other mobility limitations?

Does your child have seizures? If yes, what should be done if your child has a seizure during the respite event? _____

**Please describe any allergies your child has _____

Please list any medications your child is taking _____

Under what circumstances, if any, would you like to be notified during the respite event? _____

Please call (650) 323-6167 to reserve your space.

Return this form by **March 23** to:

email: outreach@firstpaloalto.com

fax: 650-323-3923

post: First UMC of Palo Alto, 625 Hamilton Ave., Palo Alto, CA 94301

****IF YOUR CHILD HAS FOOD ALLERGIES, PLEASE BRING A SNACK FOR YOUR CHILD AND CHECK IT IN WITH THE NURSE WHEN YOU ARRIVE**

What **sensory needs** does your child have?

Does your child have any special toileting/self care needs? _____

What sorts of things upset your child? _____

What works to calm your child if he/she is upset? _____

What strategies work best with your child at school? _____

Is there any other information you would like us to know about your child? (Helpful for volunteer to know personality, behavior, especially likes/dislikes, etc.).

Aside from parents, please list other person(s) authorized to pick up your child(ren). (Must be at least 18 years old)

1. _____ 2. _____

Please list siblings of child who will also be attending:

| | | | |
|----------|-----------|---|---|
| 1. _____ | Age _____ | M | F |
| 2. _____ | Age _____ | M | F |
| 3. _____ | Age _____ | M | F |
| 4. _____ | Age _____ | M | F |

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PHOTO RELEASE: I give First United Methodist Church of Palo Alto permission to use pictures of my child(ren) in its publications, newsletters, and on its website (www.firstpaloalto.org)

Signature of Parent/Guardian

Print name

Date

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Date _____

Permission Slip – to be signed by Parent/Guardian

My son(s)/daughter(s) has/have my permission to participate in the respite activities and events with First United Methodist Church of Palo Alto.

Signature of Parent/Guardian _____

Date _____

Authorization and Consent for Treatment of a Minor

I (We) the undersigned parent(s) of _____, a minor, do hereby authorize the adult workers with the youth of First United Methodist Church of Palo Alto as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

Signature of Parent/Guardian _____

Date _____

Insurance Information

Parent's name (Insured) _____

Insurance Company name _____

Group # _____

Subscriber # _____

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