

**Mission Possible Registration and Emergency Information (2011-2012)**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

School my child attends \_\_\_\_\_

Parents/Guardians Special Custodial considerations (optional) \_\_\_\_\_

1) Mother's name \_\_\_\_\_ 2) Father's name \_\_\_\_\_

1) Phone-home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_ 2) Home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Allergies to medicines \_\_\_\_\_ to foods \_\_\_\_\_

Seasonal/environmental allergies \_\_\_\_\_

Known medical conditions (ex. Asthma, diabetes etc.) \_\_\_\_\_

Carries medication (circle one) yes no Name of medicine \_\_\_\_\_

Date of most recent tetanus \_\_\_\_\_ Wears corrective lens \_\_\_\_\_

Emergency contacts

1) \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

2) \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

Physician \_\_\_\_\_ phone \_\_\_\_\_

Dentist \_\_\_\_\_ phone \_\_\_\_\_

Ambulance Subscriber \_\_\_\_\_ number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group ID number \_\_\_\_\_

Child's social security number \_\_\_\_\_

Preferred Hospital/Emergency Room (circle)

Latrobe                      Westmoreland

If I am unable to be reached, I hereby authorize the Mission Possible staff to call the physician or dentist and to follow his instructions or to give appropriate first aid and/or transport as necessary to the above listed emergency room.

**Permission to use name and likeness in promotion of Mission Possible:** I consent to Charter Oak Church's use of the herein named

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

e-mail address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**Please return this form to the church at 449 Frye Farm Rd. Greensburg PA 15601**