

THE RUMMAGE SALE

Children & Youth Registration and Emergency Medical Release Form

One form per child. Please print clearly

PARTICIPANT/ VOLUNTEER INFORMATION

First & Last Name

Age

Birthdate

Parent/Guardian's Name

Pertinent Phone #s

Second parent/Guardian Name

Pertinent Phone #s

Responsible Adult's Name

Relationship

Department

(This must be someone who is volunteering at The Rummage Sale on the days your child is volunteering and has agreed to act as your proxy in case of a medical emergency)

_____ I wish The Director of The Rummage Sale Ministries to act as my proxy in case of a medical emergency.

CHILDCARE AND KIDS KORPS REGISTRATION (for ages 0-14)

Please let us know if your days change. It will help us better plan our program staff!

What days will you be volunteering?

Dates unavailable (vacation, etc.):

EMERGENCY MEDICAL RELEASE

In case of an emergency, I give my permission for the above named person to authorize medical and/or surgical treatment for my child who is a minor (or for the above named participant) in the event that I cannot be immediately reached for my permission for said treatment/surgery at any of the contact places I have listed above.

Print name of parent/guardian

Signature

Date

MEDICAL INSURANCE INFORMATION

Please attach a copy of your primary Medical Insurance Card (both front and back) to this sheet

Name of Medical Insurance Company I.D. or Policy

Name and relationship to participant of person carrying insurance

Name of Secondary Insurance I.D. or Policy #

Name and relationship to participant of person carrying secondary insurance

HEALTH INFORMATION

List any medical alert condition (allergy, diabetes, seizures, fainting spells, asthma, etc.)

List any and all medications taken by participant. (Include prescription & OTC meds)

Is participant allergic to any medications? If yes, please list by name

If participant has an allergy what form does the allergic response take?

If participant has diabetes, seizures, asthma or fainting spells what might cause or be contributing factors that might trigger an incident?

Does participant carry his/her medications with them? If yes where are they kept.

How are these medications to be administered? Please circle

Self Monitored by an adult By Trained adult By a professional

Are there any other conditions of which we should be aware? Please specify

Is there any condition that would hinder participant from working in any area? Please indicate what conditions and in which areas

Other information you feel would be important for those involved in the supervision of your child during Rummage Sale activities?
