

# SUPER WEDNESDAY GUEST REGISTRATION

NAME OF STUDENT	GRADE	AGE	BIRTHDAY	Guest of
			/ /	

PARENT INFORMATION	MOTHER	FATHER
Parent's Name		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Mailing Address (include zip)		

## Emergency Medical Authorization

In the event reasonable attempts to contact me at \_\_\_\_\_ or the other parent at \_\_\_\_\_ have been unsuccessful, I hereby give my consent to the administration for any treatment deemed necessary by our physician Dr. \_\_\_\_\_ at \_\_\_\_\_ or our preferred dentist, Dr. \_\_\_\_\_ at \_\_\_\_\_. In the event the designated preferred practitioner is not available, treatment may be given by another licensed physician or dentist. I also give consent to transfer the child to our preferred hospital \_\_\_\_\_ or any hospital reasonably accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before the surgery is performed.

Information on the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## Photo Release

I give Mt. Washington Presbyterian Church permission to publish my child's/children's photograph on the MWPC web page and/or in church publications and/or local newspapers. I fully intend this release to be binding on myself, my spouse, my family and the child/children who is/are the subject of this release. I signing this release, I acknowledge I have read this release and understand the significance of this release.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_