

# EL Bethel Children's Youth Ministry Straight Talk Sleepover Registration Form

## Child Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_ Current Grade \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Emergency Contacts (Children will only be released to names listed)

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Can these people pick your child up in the event you cannot be reached?

Yes  No

## Child's Health Information

Allergies: \_\_\_\_\_

\_\_\_\_\_

Reaction, if any. \_\_\_\_\_

Diagnosed Health Issues: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your child will need to take during his or her overnight stay.

\_\_\_\_\_

*ALL physician prescribed and labeled medications as well as, over-the-counter medications are to be registered with your child at check in. These medications will be secured throughout the event. Children are NOT to have any medications with them during this event. Parents will complete a medication form at the time of check-in.*

## EL Bethel's Youth Ministry Straight Talk Sleepover Parent Permission & Signature

1. Can your child have his/her picture taken and displayed?  Yes  No
2. I have read the discussion topics for this event.  Yes  No
3. May your child receive counseling if needed?  Yes  No counseling
4. Any overnight medication that the child needs to take will be administered by the parent at the check-in time. All prescribed medications accompanying children need to be in its original container. This medication and a signed parent permission form will be placed in a sealed bag with the child's name on it. All medication bags will be stored or refrigerated as noted on prescription bottle. Straight Talk staff will only be responsible for giving morning meds as prescribed by information on the prescription bottle. Any child found with extra meds in their possession during the overnight stay will be asked to leave. Parents will be called to pick child up. ALL medications are to be checked in at time of check in processing. This includes asthma or anaphylaxis medications, as well as over-the-counter medications. All medication are to be accompanied by a medication permission form (provided). I have read and fully understand this paragraph.  
Yes\_\_\_\_ No\_\_\_\_
5. If your child needs an over-the-counter medication, please bring proof or sign a statement letter giving permission to be administered by staff. The over-the-counter medication will also be placed in a sealed bag until needed. Again all medications needed for overnight stay will be given by parent at check in processing. No medication will be allowed with the child without adult supervision. If possible, have your child's physician write on a prescription pad or letterhead, the name of the over-the-counter medication and how it should be taken. This note will need the physician's signature. If one can't be produced a signed parent statement to such will be placed in bag with child's medication. I have read and understand this paragraph. Yes\_\_\_\_ No\_\_\_\_
6. Parents will be notified to come and pick up their child if:
  - the child is found with any unauthorized medication
  - the child is noncompliant with the adults volunteers
  - the child is dressed inappropriately at any time during the event
  - the child becomes ill

*In the event of a medical emergency, CPR will be administered by a certified volunteers to provide your child with immediate care while attempting to contact you. I, (parent/guardian's name) \_\_\_\_\_give permission for emergency CPR to be given to my child.*

*In the event we cannot reach a parent, guardian, or the emergency contacts, we will implement the following (as necessary):*

1. Call 911
2. Have your child transported to the nearest hospital, if the EMT deems necessary, along with a copy of this registration information and medication form.

**I have read, fully understand, and agree to the guideline of the sleepover.**

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**Parent / Guardian (print name)**

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**Relationship to child**

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**Parent / Guardian Signature**

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**Date**

# EL Bethel's Youth Ministry Straight Talk Sleepover Medication Form

Please complete one form for EACH medication your child will take while in our care.

The following child will be given the medication listed on this form to take as designated on this form. All medications will be secured and given to the child at the time designated on this form. Children attending this event MAY NOT carry any medications.

Child's Name		DOB	
Name of Medication (trade name or generic)			
Prescribing Physician			
Dosage / Mg		Times to be given	
Form of medication/treatment: <input type="checkbox"/> Tablet/capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhaler <input type="checkbox"/> Injection <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other _____		Directions:	
Reason for Medication			
Restrictions and/or side effects to medication			
Special instructions (i.e. refrigerate, take with food, etc.)			

***Only medications in its original container will be given to the children to take during this event.***

***The description of the medications taken by children attending this event should match the description on the label this includes over-the-counter medication accompanied by a signed doctor's note prescribing the medication and its dosage. No medication will be given to the children in which the expiration date on the label is not current.***

Asthma or anaphylaxis medications will be secured by your child's group leader to ensure immediate access to it. Please indicate below that your child has been instructed on self-administration of this medication: to be completed for asthmatic, diabetic or severe allergic reaction (anaphylaxis) ONLY  No  Supervision required

All the information provide on this form is accurate. I understand that a representative from El Bethel will secure my child's medications and supervise my child as he or she self-administers the medication.

I give permission for (*name of child*) \_\_\_\_\_ to receive the stated medication as designated on this form and specified above. **I release El Bethel, Essential Companions, and its representatives from any claims or liability connected with its reliance on this permission.**

(Parent/guardians to bring the medication in its original container.)

Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Relationship:  Mother  Father  Guardian  Other \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency phone: \_\_\_\_\_ Today's date: \_\_\_\_\_