



OSUMC Children and Youth  
Registration, Medical and Liability Form

Child's Last Name	Child's First Name	Birth Date	Age/Grade	Allergies/ Medical concerns/ special needs

Mother/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Home number: \_\_\_\_\_

Father/Guardian name: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Home number: \_\_\_\_\_

Emergency contact: First and Last Name and relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Insurance Information (optional):**

Parent/guardian Insurance Group Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Group number: \_\_\_\_\_ ID#: \_\_\_\_\_

**If your child/ren are 10 or younger, Authorized Adults Allowed to pick up child/ren listed is/are:**

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**PLEASE INITIAL HERE IF:**

\_\_\_\_\_ I give permission for my child/ren to have their photo taken.

\_\_\_\_\_ If no Allergy concerns are present and if a snack is given, I give permission for my child/ren to eat at Sunday School.

\_\_\_\_\_ I give permission for my child/ren to have their photo placed on Social Media/website.

**In case of Medical Emergency, after every attempt to reach all contacts has been exhausted, I give permission to the staff to secure the services of a licensed physician to provide the care necessary.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_