

Registration

Student Name: _____ Age: _____ Gender M F

Date: _____ Desired Camp dates (if registering for camp): _____

Contact Parents / Guardians

Name: _____ Tel #s (Cell/W/H): _____

eMail : _____

Address: _____

Name: _____ Tel #s (Cell/W/H): _____

eMail : _____

Address: _____

As a parent or guardian of this student, I hereby consent to the use of photographs taken by Brainy Learning Club for publicity and promotional advertisements including publications, presentation or broadcast via newspaper, internet or other media sources. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages. YES I consent NO I do not consent

Emergency Contacts

Name: _____ Tel #s (Cell/W/H): _____

Name: _____ Tel #s (Cell/W/H): _____

If registering for camp

Medical Information: Participant must be covered by family medical/hospital insurance, and be up to date on all immunizations.

Name of primary doctor(s) & Tel #s: _____

Health Insurance Information

Subscriber's Name: _____ Insurance Company Name: _____

Insurance Company Tel #: _____ Subscriber #: _____ Policy #: _____

Allergies and Diet

Does the participant have any known allergies? Yes No

If YES, allergic to: Food Medications Environment (insect stings, hay fever, etc.) Other - please describe what the participant is allergic to and reaction seen: _____

Please indicate action to be taken and any medication to be administered in case of an allergic reaction (mild or severe): _____

Restrictions: I have reviewed the program of the class and feel my son/daughter can participate:

without restrictions with the following restrictions or adaptations: _____

Parent/Guardian Authorization

This health history is correct and accurately reflects the health status of the participant to whom it pertains. My son/daughter has permission to participate in all class activities except as noted by me/or an examining physician. If I cannot be reached in an emergency, I give permission to *Brainy Learning Club* to get my son/daughter to an emergency room in the most expedient manner possible. Additionally, I give permission for a physician selected by *Brainy Learning Club* to hospitalize and secure proper treatment, including but not limited to ordering injections, anesthesia, surgery, x-rays and other tests related to the health of my son/daughter. I understand this information on this form will be shared only on a "need to know" basis with *Brainy Learning Club*. I give permission to photocopy this form. In addition, *Brainy Learning Club* has permission to obtain a copy of participant's health record from treating providers and these providers may talk with the program's staff and/or emergency personnel about related health status in the event of an emergency.

Parent/Guardian Name: _____ Relationship to Child: _____ Date: _____