

MIDDLETOWN UNITED METHODIST CHURCH

PTO REGISTRATION

FALL 20__ / SPRING 20__

Today's Date _____

CHILD:

Name _____ Nickname _____ Birthdate _____ Sex _____

Home Address _____

Allergies / Medical Conditions _____

(See reverse side if needed)

PARENTS:

FATHER: Name _____ Authorized to pick up? Yes No

Home Phone _____ Cell phone _____ Email address _____

MOTHER: Name _____ Authorized to pick up? Yes No

Home Phone _____ Cell phone _____ Email address _____

Schedule (Please indicate 1st, 2nd, and 3rd choice as needed)

Day: Mon _____ Tues _____ Wed _____ Thurs _____

Time In: _____ **Time Out:** _____

EMERGENCY MEDICAL CONSENT

I, _____, hereby give my consent for *Emergency Medical Care* to be provided for my child _____ by *MUMC PTO/KC* staff while (he, she) is in their care.

PHYSICIAN _____

Insurance Provider _____

Policy # _____ Phone # _____

In **EMERGENCIES** requiring immediate medical attention, 911 will be called and/or your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at *MUMC PTO/KC* to have your child transported to that hospital.

Signature of Parent/Legal Guardian _____ **Date** _____

Office Use Only: Date Registration Rec'd _____

Reg Fee (\$50) Check # _____