

**2010 Eastern Region Conference
Children's Registration
and
Medical Release Form**

Nursery Ages: **Infant-3 Years**

Child Care Ages: **4-8 Years**

Child Care Needed

Day Sessions _____ Evening _____

All of the above _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

AGE _____ GRADE _____ BOY _____ GIRL _____

PARENT'S NAME _____

Please complete the following medical information:

Insurance Carrier _____

Policy Number _____

Is the child taking any medication? (if yes, please include times and doses)

Is the child allergic to anything: (food, bees, insects) Yes _____ No _____
If yes, what is the reaction and what is the treatment?

What is the child's normal reaction to injury? Normal _____ Dramatic _____ Ignores it _____

MEDICAL RELEASE FORM

In the event I cannot be reached in an emergency during the EASTERN REGION CONFERENCE, April 21-23, 2010, I hereby give my permission to the physician selected by Bellbrook Community Church, to hospitalize, to secure proper treatment and/or to order an injection, anesthesia or surgery for my child as deemed necessary.

Printed Name of parent or legal guardian _____

Signature _____ Date _____

RETURN WITH CONFERENCE REGISTRATION TO:

**Eastern Region Open Bible Churches
P. O. Box 518
Vandalia, OH 45377-0518
937/898-2864 FAX 937/898-6848**