

WRITING WORKSHOP – INSTRUCTOR BILL MYERS

JUNE 21-22, 2022 9AM – 12PM

COST: \$150

**PAYMENT BY CHECK PAYABLE TO ASCENSION LUTHERAN SCHOOL
DUE WITH THIS REGISTRATION FORM**

STUDENT NAME _____ **CURRENT GRADE** _____

PARENT NAME _____ **CELL PHONE** _____

HOME ADDRESS _____

EMERGENCY & MEDICAL INFORMATION

❖ **PERMISSION TO GIVE FIRST AID**

Band-Aid _____ Clean wound _____

❖ **SPECIAL HEALTH PROBLEMS**

Any Chronic Condition? Explain _____

Any Known Allergies? Explain _____

Other Special Information _____

Is child on any continuing medication? Yes ___ No ___ *If yes, list medication(s) _____

In an emergency, if your physician cannot be reached what action should be taken?
Call 911 _____

Other _____ Explain _____

Insurance Carrier _____

Policy # _____

❖ **OTHERS AUTHORIZED TO TAKE CHILD FROM FACILITY AND/OR IN CASE OF EMERGENCY**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

We, in the event we cannot be reached, the undersigned parents/guardians of the above minor child do hereby authorize the instructors administrators, or other proper agents of Writing Workshop or Ascension Lutheran School to act as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor child which is deemed advisable and to be rendered under the general or special supervision of any physician or surgeon, licensed under the Provision of Medicine-Practice Act, whether such diagnosis or treatment is rendered at the office of said physician, surgeon, or dentist at a hospital or elsewhere.

In no event will Writing Workshop or Ascension Lutheran School, its officers, teachers, or agents be held liable for any first aid or surgical treatment, or procedures performed pursuant to this consent.

This consent is valid unless revoked in writing.

Parent/Guardian Signature

Date