

## Project American Life (P.A.L.) Registration & Medical Information Form

All participants, whether receiving medication or not, must have this form on file in order to attend P.A.L.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M / F

Parent/ Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Child's Insurance Company & Policy Number (if available) \_\_\_\_\_

**Parent/Guardian must complete the following. Use back of sheet if necessary:**

Does your child have any physical or mental limitations that restrict his/her participation in specific types of activities?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical issues, allergies, or limitations (mental/physical/emotional) of which we should be aware? If so, please give details & any specific instructions regarding dietary restrictions, allergies, special needs, etc.

\_\_\_\_\_  
\_\_\_\_\_

**Medications (Please turn any medications in to school personnel before attendance at P.A.L.):**

Over-the-counter medications must be supplied by the parent/guardian. All prescription medication must be prescribed to the camper & in original, unexpired container with label intact. All over-the-counter medications must be in an original, unexpired container with all manufacturer's labeling clearly legible. When available, please send single-dose packets rather than full-size bottles. The student's name must be written on each container. Please place all medications in a zip-loc bag with your child's name & instructions. All medications & forms should be turned in to the school. P.A.L. medical personnel will administer medications during your child's stay. For each medication (over-the-counter &/or prescription) sent, an AL State Department of Education School Medication Prescriber/Parent Authorization form must be filled out & turned into the school. DO NOT pack medication in your child's luggage.

Please list medications below or on the back.

\_\_\_\_\_  
\_\_\_\_\_

Please be aware that P.A.L. uses various simulations & interactive activities as teaching tools. While exciting and fun, your child will also find these growth/learning-oriented activities both emotionally & intellectually challenging.

I hereby give my permission for my child to attend P.A.L. In case of an accident or illness that requires medical care, I give permission to the P.A.L. medical personnel &/or school personnel to order such medical attention as may be deemed necessary for the health & safety of my child. I have provided phone numbers & other pertinent information on this form so that I can be notified immediately in case of an emergency. The medical information provided above is complete & accurate to the best of my knowledge. I give permission to the P.A.L. medical personnel/ &/or appropriate school personnel to administer my child's medication per my instructions.

I hereby give my permission for images of my child, captured during the events of P.A.L. through video, photo & digital camera, to be used solely for the purposes of promotional materials & publications, & waive any rights of compensation or ownership thereto.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_