

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.

Child's Name _____ Age _____ 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 problems, limitations, or allergies that we should be aware of? If so, please give details & any specific instruction regarding his/her 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-lock 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. Your child will find these growth/learning-oriented activities both emotionally & intellectually challenging, as well as stimulating.

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 staff &/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 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** _____