



## **Diocese of Los Angeles and the West Parish Life Conference**

Hosted By: Holy Resurrection Church (Tucson, AZ)

**Westin La Paloma Resort and Spa; July 3-7, 2024**

### ***Kids' Club Medical Form***

**One Child Per Form!**

*All children attending Kid's Club must be registered for the **Diocese of Los Angeles and the West Parish Life Conference** and purchase Kid's Club for the desired day(s) and pay appropriate rate.*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male ☐ Female ☐

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

*Please Select which days your child will be attending Kid's Club:*

Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐

### **CHILD HEALTH INFORMATION:**

**Any Known Allergies that this Child has (Food, Medications, Insects, etc.):**

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**Current Medications this Child Is Taking and the Reason for this Medication:**

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If this Child is taking any medications the undersigned Parent/Guardian must administer these medications. No staff member of Kids Club or the Parish Life Conference, or any other person will be allowed to administer medications to this Child. **This will be the sole responsibility of the undersigned Parent/Guardian.**

### **Other Health Issues We Should Know About:**

The undersigned does hereby indemnify and hold harmless Holy Resurrection Antiochian Orthodox Church, the Diocese of Los Angeles and the West and the Antiochian Orthodox Christian Archdiocese of North America, and their respective Trustees, hierarchs, clergy, members, agents, affiliates, parishioners, guarantors, employees, and/or any assigns thereof, for any and all liability, costs, expenses, incidents and/or occurrences resulting from the undersigned Parent/Guardian's actions, and/or inactions hereinunder (as the case may be) regarding this Child, while attending the Diocese of Los Angeles and the West Parish Life Conference, whether such liability, costs, expenses, incidents and/or occurrences happens to this Child and whether such liability, costs, expenses, incidents and/or occurrences happens either on or off the Conference premises.

Signature of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_