



**Diocese of Miami and the Southeast Parish Life Conference**  
**Hosted By: St. Stephen Church (Hiram, GA)**  
**Hilton Peachtree City Atlanta Hotel and Conference Center; June 12-15, 2024**  
**Kids' Club Medical Form**  
**One Child Per Form!**

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All children attending Kid's Club must be registered for the Diocese of Miami and the Southeast Parish Life Conference and be registered for Kid's Club for the desired day (s).

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

**CHILD HEALTH INFORMATION:**

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

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

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

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

If this Child is taking any medications the undersigned Parent/Guardian must administer these medications. No staff member of Kids Club or the Diocese of Miami and Southeast 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:**

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The undersigned does hereby indemnify and hold harmless St. Stephen Antiochian Orthodox Church, the Diocese of Miami and the Southeast 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 2024 Diocese of Miami and the Southeast 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