



Child Registration by Family

**Children's Disaster Services
Brethren Disaster Ministries**
 601 Main Street, PO Box 188
 New Windsor, MD 21776
 1-800-451-4407, ext 5

DR# _____ DR Name _____ Center Location _____

*****Give Parent/Guardian - Children's Disaster Services Security Procedures Form*****

Child's Name	Age	Gender	Child's Name	Age	Gender

Special needs: _____

Medical/Medicine: _____

Physical: _____

Allergies/food sensitivities: _____

Special requests or comments from parents/care provider: _____

Guardian's Name(s): _____

Cell phone and/or location: _____

*** Photo Permission:** At times pictures are taken by Children's Disaster Services (CDS) volunteers/staff to be used for promotion of the program and educating about children's unique needs. Pictures are helpful in recruiting volunteers and advocating for the needs of children in disaster response. Children's names are not used and identities are kept confidential. As the parent/legal guardian, I hereby give consent for the child/children listed above to be subjects of photographs and/or video taken by authorized Children's Disaster Services representatives. This consent includes exhibiting the media as still photographs, transparencies, motion pictures, television or video by the CDS program. Furthermore, CDS, The Church of the Brethren and any associates, as well as any assignees, are released from any and all claims for damages for libel, slander, invasion of property, or any other claim based upon use of the above described material.

As the legal parent or guardian of the above named children,
I give permission _____, do not give permission _____, for photographs/video to be taken.
(Parent/Guardian initials) (Parent/Guardian initials)

Please have the parent/guardian sign the children in and out. This form can be used for multiple days.

Date	Name	Parent/Guardian-Sign In Firma del Padre - Entrada	Time In Hora de Entrada	Parent/Guardian-Sign Out Firma del Padre - Salida	Time Out Hora de Salida

(Continued on back)

