

Worthington Presbyterian Church Child/Youth Parental Consent Form 2016 - 2017

Child's Name

Date of Birth

M F
Gender

Father's/Guardian's Name

Mother's/Guardian's Name

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Home Phone

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Cell Phone

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Home Phone

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Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to participate in activities at the church and go on field trips sponsored by the church. I release Worthington Presbyterian Church and individuals from liability in case of accident during activities related to Worthington Presbyterian Church, as long as normal safety procedures have been taken. I understand that my child may participate in activities that will require them NOT to be supervised by an adult but will be in a small group and will be required to check in at regular times.

Parent's/Guardian's Signature

Date

Permission to Use Photos

I give permission for the church, whether that being ministers, staff, leadership and/or volunteers to use photos of my child in church publications such as church newsletters, church website, or other church related needs.

Parent's/Guardian's Signature

Date