Worthington Presbyterian Church Child/Youth Parental Consent Form 2017 - 2018

Child's Name | Date of Birth | Grade (fall) | M F Gender

Father's/Guardian's Name | Mother's/Guardian's Name

( ) Home Phone | ( ) Cell Phone | ( ) Home Phone | ( ) Cell Phone

Address | Address

City, ST ZIP Code | City, ST ZIP Code

Email | Email

Child T-shirt Size: 3T YS YM YL S M L XL XXL XXL | Other _____

Medical Information

Physician's Name | Phone Number

Insurance Company | Policy Number

Allergies/Special Health Considerations (this information will be shared with Christian Education & Youth Ministry Staff/Volunteers)

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 off 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