

First Presbyterian Church  
616 W. Tenth Ave., Anchorage, AK 99501  
www.firstpresanchorage.org

CHILDREN'S MINISTRY & YOUTH MINISTRY  
**STUDENT PERMISSION FORM**

**student info:**

FULL NAME \_\_\_\_\_ GRADE (Fall 2020) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ BAPTIZED: \_\_\_\_\_

STUDENT CONTACT INFO: CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ALLERGIES/RELEVANT INFORMATION/MEDICATIONS: \_\_\_\_\_

MEDICAL INSURANCE COMPANY: \_\_\_\_\_ POLICY /GROUP #: \_\_\_\_\_

\*please attach a copy of your insurance card (front and back) to this form

**parent/guardian info:**

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SECOND PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OTHERS WHO MAY PICK UP MY CHILD: \_\_\_\_\_

THOSE RESTRICTED FROM SEEING MY CHILD: \_\_\_\_\_

**In case of emergency and parent/guardian(s) cannot be reached, contact these individuals:**

NAME \_\_\_\_\_ relationship \_\_\_\_\_ phone: \_\_\_\_\_

NAME \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

**Authorization:** I, the undersigned parent/guardian of \_\_\_\_\_ hereby authorize our child to participate in First Presbyterian Church's ministry events during the period of June 1, 2020 to Oct. 1, 2021. It is understood that designated First Presbyterian Church staff and volunteers will be in attendance to provide the best reasonable supervision to ensure the health, welfare, and comfort of all those in attendance. I hereby release First Presbyterian Church from any and all liability for any incident beyond the control of staff and volunteers using their due diligence and best judgment.

**Emergency Care Authorization:** I hereby authorize emergency medical, dental, health, or hospitalized services to be rendered to my child upon consent of a First Presbyterian Church staff member or designated volunteer. The purpose of this authorization is to permit my child/ward to receive emergency medical attention when needed while involved in activities connected with First Presbyterian Church ministries while we (I) or my emergency contact are unavailable to give such consent.

**Photo/Video Consent:** I hereby authorize and give full consent to First Presbyterian Church to use all photographs and/or videos taken of my child during any First Presbyterian Church activity in any First Presbyterian Church publication, including the church web-site, calendars, newsletters and other church related promotions. I understand that my child's name will not be included with the images. I understand that I need to inform the church office if I no longer wish to give consent.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_