

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 2021) _____

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 May 1, 2021 to Oct. 1, 2022. 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 website, 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** _____