

# Parent/Guardian Permission Form for First Presbyterian Church, Pensacola, Florida

PLEASE CAREFULLY READ THIS ENTIRE FORM AS IT INCLUDES PERMISSION FOR YOUR YOUTH TO PARTICIPATE IN PROGRAMS AND ACTIVITIES AT FIRST PRESBYTERIAN CHURCH, PENSACOLA, FLORIDA, INCLUDING A MEDICAL/SURGICAL RELEASE, HOLD HARMLESS AGREEMENT, AND PERMISSION FOR THE USE OF PHOTOS/VIDEOS OF YOUR YOUTH WHILE INVOLVED IN THESE PROGRAMS AND ACTIVITIES. ANYTHING WRITTEN ON THIS FORM IS HELD IN CONFIDENCE USED ONLY BY FPC STAFF AND ADULT VOLUNTEERS.

To be completed by participant's parent(s) once a year. Forms must be completed in writing and turned in to the FPC staff.

## YOUTH INFORMATION (All Fields Required):

First Name: \_\_\_\_\_ Preferred Name (if different) \_\_\_\_\_  
Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade for 2019-2020 School Year: \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION:

Parent 1- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent 2- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY CONTACT (other than parent/guardian):

No. 1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
No. 2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_

| Name                       | Address | Phone         |
|----------------------------|---------|---------------|
| Preferred Hospital: _____  |         |               |
| Health Insurance Co. _____ |         |               |
|                            | Phone   | Policy Number |

(Please **attach copies** of your insurance card information. Hospitals now require front and back.)

Please list known allergies, other special medical problems or medications

**Parent Permission:** I (We), the undersigned, parent(s) of \_\_\_\_\_, a minor youth, give permission for our youth to participate in the programs and activities of the recognized Ministry Programs of First Presbyterian Church. Except for any limitations listed by me, my youth is healthy and fit to participate in these events.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

**Medical-Surgical Release:** In case of emergency involving my youth, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my youth. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

This Release shall remain effective for one year unless sooner revoked in writing and delivered to First Presbyterian Church, 33. E. Gregory St., Pensacola, FL 32502

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Use Photographs and/or Video.** I understand that while my youth attends any First Presbyterian Church ministry programs, photographs and/or video may be taken for general church publications (newsletter, weekly email, etc.), church website, social media. I GIVE \_\_\_\_: I DO NOT GIVE \_\_\_\_: (*please mark one as appropriate*) permission for my youth's image to be taken and used as indicated.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Transportation.** Where it is deemed necessary to use transport, I give permission for my youth to travel in transportation for hire (that is, rented bus or vehicle) or a private vehicle driven by an Adult Volunteer.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Hold Harmless Agreement.** I understand that participation in some of the First Presbyterian ministry programs and activities may involve physical activities which include a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my youth to participate in this activity. I also understand that participation in these activities are entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release First Presbyterian Church, Florida Presbytery, First Presbyterian employees and staff, all activity coordinators, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

