

First Presbyterian Church Westminster, MD

2019-2020 Parental Permission, Emergency Medical Authorization and Release of Liability Form

*****Required yearly for every student participating in youth events*****

Participant _____ D.O.B. _____

Home address _____

City _____ State _____ Zipcode _____

School and Grade Level _____

Parent/Guardian _____

Parent/Guardian Phone # (Home) _____ (Cell) _____

Which phone # is the best one to contact you? _____

***** May we text you on your cell number? YES NO**

Parent/Guardian Email Address: _____

If you have a preferred method of primary contact, ie: Phone, text, Email, Facebook, Instagram, Group me, Facebook Messenger etc., please let us know! We will make every effort to reach you in the most convenient way **FOR YOU!

The best way to send information to me is by _____

Youth Communication Preferences:

Is your youth a HIGH SCHOOL STUDENT? YES NO **(If no, please leave this section blank)*

If YES does the youth staff have permission to communicate directly with your HIGH SCHOOL STUDENT regarding youth events, including rsvp requests? YES NO

Youth Cell: _____

Youth Email: _____

***Parents/Guardians, would you like to be cc'd on all direct correspondence we make with your child? YES NO**

Photo Publication Permission:

Throughout the year, at various events, photos are taken of our youth. These photos may be shared on the church bulletin boards, church publications, the FPC website, the church Facebook page (First Presbyterian Church of Westminster), Group me, or the youth Instagram page (FPCyouth21157). Please let us know if we may publish photos of your child.

-I give consent for FPC to publish untagged photos of my child in the locations listed above. (circle one) YES NO

Information regarding youth activities will be regularly posted in the Grapevine, the Messenger, the FPC website, Instagram, Facebook, Evite, Sign Up Genius, texts and emails.

EMERGENCY PROCEDURES

In emergency, if parents/guardians are not available, contact:

1. _____ Phone # _____

Relationship of contact to participant: _____

2. _____ Phone # _____

Relationship of contact to participant: _____

3. _____ Phone # _____

Relationship of contact to participant: _____

Does the minor have any special circumstances of which we should be aware? _____

Medical Insurance Information

Insurance Name: _____ Policy # _____

Name of Insured: _____ Group # _____

Minor's Doctor: _____ Phone # _____

***** Copies of insurance cards will be required for any overnights and out of town trips.*****

I give consent for:

(1)the above-named minor to participate in First Presbyterian Church Youth Group activities from September 2019-August 2020. I understand that the minor may need to be transported in or around the Westminster and surrounding areas in order to participate in the Youth Group activities and I give my consent for a designated youth leader to transport the minor.

(2)the administration of any emergency medical treatment for the above-named minor deemed necessary by a health care professional and the transfer of the minor to any medical facility reasonably accessible, provided that all reasonable attempts to contact me have been unsuccessful.

In consideration for First Presbyterian Church arranging Youth Group activities, I hereby waive all claims against First Presbyterian Church, its officers and members and release them from any and all liability which they might have in connection with any injury, illness, or loss of property which may occur to the minor as a result of participation in the Youth Group activities.

The minor has health and hospitalization insurance or medical assistance which will provide for his/her medical expenses in the event of injury. I understand that First Presbyterian Church is not responsible for providing medical care at its expense in the event of the minor's injury or illness as a result of participating in Youth Group activities.

This Parental Permission, Emergency Medical Authorization, and Release of Liability Form is effective from the date of execution through August 31, 2020, unless expressly revoked in writing.

Signature of Parent or Guardian _____ Date: _____

Questions regarding youth activities can always be addressed to fpcw.linda@gmail.com or fpcw.anne@gmail.com