

First Presbyterian Church 2019-2020 Tuesday Connections Form

I give my permission for my child, _____
to attend First Presbyterian Church's "Tuesday Connections" program from
September 10, 2019- May 5, 2020.

In the event that _____ becomes ill or sustains any
injury while in the church's care, I give my permission to those in charge to take
whatever steps are necessary to administer first aid treatment.

I also consent to any/all: X-ray examinations, anesthetic, medical, dental, or
surgical diagnosis and treatment, hospital care, and/or the administration of
medicine to be rendered to my child under the supervision and advice of a duly
licensed physician and/or surgeon.

I understand that a copy of this form is as valid as the original.

Parent's Name: _____

Signature of Parent: _____ Date _____

Student's Information

Birthdate:

Grade:

Teacher's Name:

T-shirt Size:

Parent/Guardian Contact Information

Home Address:

Mother's Cell Phone:

Mother's Email:

Father's Cell Phone:

Father's Email:

Who, besides those listed above, can pickup your child?

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Emergency Medical Information

Doctor's Name:

Phone Number:

Insurance Company:

Phone Number:

Insurance Policy Number:

Insured ID Number:

Preferred Hospital:

Does your child have any medical/allergic conditions?

If so, what do we watch for and how do we treat them?

Photo Release

_____ **Yes**, I give permission for my child to appear in photographs or videos which may go on First Presbyterian's website, social media pages (with my child untagged), church publications, worship resources, local newspapers and any other church/community publication.

_____ **No**, I do not give permission for my child to appear in any photographs or videos that First Presbyterian might use.

Bus Transportation

_____ **Yes**, please have my child ride the bus from Mary Welsh to First Presbyterian Church.

_____ **No**, my child will not need to ride the bus.