

## Activities Consent Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parents'/Guardians' Names: \_\_\_\_\_

*Alternative persons to notify in case of emergency:*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

*Insurance/Medical Information:*

Family Insurance Company \_\_\_\_\_  
Policy No. \_\_\_\_\_ Company Phone \_\_\_\_\_

*(if able and willing you are also encouraged to include a photocopy of your card)*

Current Medical Conditions which may limit participation in rigorous physical activity:

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
to participate in First Presbyterian Church Activities.

I understand this may include the filming and photographing of these activities, and I acknowledge consent for use of photographs/video footage of my student to be used for church and church promotional purposes.

I, the undersigned parent/guardian of the above named person, hereby consent to any and all medical, hospital, and surgical care that may be deemed necessary by qualified physicians without further consent, provided that the physician or hospital is unable to reach either of us at the telephone numbers listed. We understand that all effort will be made to contact me and then, if necessary, those listed as alternates. The alternates have been notified and understand they have our authorization to give consent for treatment when we cannot be reached.

I hereby voluntarily release, forever discharge, and agree to hold harmless First Presbyterian Church, its members, officers, pastors, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the minor's participation in this activity for any personal injury that might incur.

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

Parent/Guardian Name (please print) \_\_\_\_\_

Date Signed: \_\_\_\_\_