

INFORMATION AND EMERGENCY FORM – FPC COLUMBUS

Child’s Name: _____ Sex: _____ Age: _____ D.O.B. _____ Grade: _____
(if applicable)

Parent/Guardian 1: _____ Address: _____
Street, City, State, Zip Code

Phones: _____ Cell _____ Home _____ Email : _____

Parent/Guardian 2 _____ Address: _____
Street, City, State, Zip Code

Phones: _____ Cell _____ Home _____ Email: _____

Allergies (Please check all that apply): Insect Stings Asthma Penicillin Other Drugs _____
 Peanuts/Nuts Dairy Other (please list) _____

Medical Conditions (include conditions that may effect a child’s participation in activities at school):
 Epilepsy/Seizures Diabetes Vision/Hearing Impaired Other _____

Court-ordered custody restrictions? _____

Please list additional pertinent information on the reverse side of this form if more space is needed.

Name of Physician: _____ Phone: _____

Name of Eye Physician: _____ Phone: _____

Other Specific Physicians _____ Phone: _____

Name of Medical Insurance Provider: _____ Group#: _____ ID #: _____

EMERGENCY CONTACT INFORMATION (These individuals have permission to take your child from church or activity.)

Name _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Acknowledgement of Risk and Safety

Your signature below verifies that:

1. You have completed the INFORMATION AND EMERGENCY FORM to the best of your knowledge.
2. You allow the adult leaders of FPC staff permission to administer any emergency first aid if deemed necessary.
3. In the event you cannot be reached, you give consent for medical emergency treatment of your child.
4. You understand it is our expectation that all children will conduct themselves appropriately. If we deem your child’s behavior to be unacceptable, we will first work the parents and the child, but parents will ultimately be responsible for retrieval of their child if it becomes necessary.
5. You agree to indemnity, release and hold harmless the First Presbyterian Church, its staff and volunteers from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment and/or participation in FPC activities.
6. You grant permission for your child to accompany his/her classmates on field trips, even if you have not returned the permission slip sent home to notify you of the date and location of the trip. (This is a blanket permission slip valid for the academic year.) Students will travel by church van or seat-belted in private passenger vehicles. Please refer to the permission slips for detailed information.
7. yes no I give permission to allow authorized youth leaders to contact my teen(s)
8. yes I give permission to allow one-on-one meetings between authorized youth leaders and my teen(s)

Parent/Guardian 1: Signature: _____ Date: _____

Parent/Guardian 2: Signature: _____ Date: _____

PHOTO PERMISSION, PLEASE CHECK ONE AND INITIAL

_____ I give permission for my child to be photographed and/or videotaped while participating in FPC programs and events. These photos may be used within the church and or published on the church website or Facebook groups. No names or other identifying information of children in photos will be published.

_____ I do **NOT** give permission for my child to be photographed and/or videotaped while participating in FPC programs and events.