

**FIRST PRESBYTERIAN CHURCH**

9 W. Calhoun Street

Sumter, SC 29150

803.773.3814

**Information, Permission & Medical Form**

(Please Print)

Name of Participant: \_\_\_\_\_ Age & Grade : \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name(s) of Parents/Legal Guardians: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents' Email: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Company & Phone Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Current Medications:

Past Surgeries (please give dates):

Allergies:

Illnesses:

I, \_\_\_\_\_, hereby give my permission for \_\_\_\_\_, to participate in all First Presbyterian Church Children's Ministry activities, both on and off the church grounds from **September 2018 – August 2019**.

I also give my permission that the above named child can ride on the church bus, in the church Suburban, in a leader/adult chaperone's private car, or rental vehicle driven by adult advisors, or other commercial transportation for children's events.

In the event of a medical emergency and if I cannot be reached, I also authorize a representative of First Presbyterian Church to retain or acquire medical care and treatment on the behalf of the above named child. I authorize any hospital, clinic, physician, doctor, nurse, or technician to furnish the above named child with any medical care and treatment necessary.

I further \_\_\_ authorize/ \_\_\_ do not authorize the adult advisors to give my child (please circle any that apply): Tylenol, Ibuprofen, Pepto-Bismol, Imodium, Tums, or Benadryl as the need arises during children's activities & events.

And I hereby release and hold harmless First Presbyterian Church of Sumter, SC, its staff, its session, and volunteer adult advisors, as well as staff and volunteers of all assisting groups and vendors, from any and all liability arising from my child's participation in these events. **A photocopy of this form is acceptable.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date