

# First Presbyterian Church Beaver Children's Ministry 2022/2023

Date\_\_\_\_\_

252 College Avenue, Beaver PA 15009

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## PARENTAL RELEASE, HEALTH FORM, & INSURANCE WAIVER

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(Please Check ALL that apply):

Quest     Sparks     Sunday School

Student's Name\_\_\_\_\_Date of Birth\_\_\_\_\_Grade\_\_

Student's Name\_\_\_\_\_Date of Birth\_\_\_\_\_Grade\_\_

Student's Name\_\_\_\_\_Date of Birth\_\_\_\_\_Grade\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY CONTACT

Parent/Guardian Name\_\_\_\_\_Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_Cell\_\_\_\_\_Email\_\_\_\_\_

### ALTERNATE CONTACT/PICK-UP (incl. siblings for SS pick up)

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_Phone\_\_\_\_\_

- I agree that my 3<sup>rd</sup> – 5<sup>th</sup> grader can be dismissed from Sunday School

**Parents:** Please provide the name(s) of person your child MAY NOT be released to (if applicable)

\_\_\_\_\_

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## Medical Information and Parental Release

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Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

Pre-existing or present medical conditions:

\_\_\_\_\_

Allergies and medications: \_\_\_\_\_

\_\_\_\_\_

My son/daughter \_\_\_\_\_, has my permission to participate in FPC Children's Ministry activities and to travel in the First Presbyterian Church van or leader's private vehicles with **First Presbyterian Church Children's Ministry on these above dates to the above destinations. (Events listed on the Children's Ministry Calendar of events)** In the case of injury or illness, I authorize First Presbyterian Church and Marion Butler, Children Ministry Director, to render emergency first aid and/or seek all necessary medical attention for my son/daughter. In such cases, I understand that I will be notified as soon as possible. I agree to hold harmless and blameless the leadership of FPC (including adult chaperones of FPC and any adults participating in or providing assistance to the activity) in the event of any injury or illness resulting from participation in this activity. I have noted any medical or special considerations below.

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

*Photo/Video Permission:* I give permission for my child to be photographed and/or videotaped during the Children's Ministry activities checked on page 1. I understand these pictures will be for church purposes, including newsletters and web updates, and that I will not be compensated in any way.

Parent's signature: \_\_\_\_\_