

## Student Permission Form

**student info:**

FULL NAME: \_\_\_\_\_ GRADE (FALL 20\_\_): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ BAPTIZED: YES or NO

CONTACT INFO: CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_ FACEBOOK: YES or NO  
(IF APPLICABLE)

ALLERGIES/RELEVANT INFORMATION/MEDICATIONS: \_\_\_\_\_

MEDICAL INSURANCE COMPANY: \_\_\_\_\_ POLICY/GROUP #: \_\_\_\_\_

**parent/guardian info:**

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT INFO: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CONTACT ME BY: HOME or CELL or EMAIL

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

(PLEASE INCLUDE NAMES AND INFO FOR **BOTH** PARENTS/GUARDIANS IF APPLICABLE)

ADDRESS: \_\_\_\_\_

CONTACT INFO: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CONTACT ME BY: HOME or CELL or EMAIL

OTHERS WHO MAY PICK UP MY CHILD: \_\_\_\_\_  
(FOR STUDENTS 12 YEARS AND YOUNGER)

RESTRICTED FROM SEEING MY CHILD: \_\_\_\_\_

**In case of emergency and parent/guardian(s) cannot be reached, contact these individuals:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Authorization:** I, the undersigned parent/guardian of \_\_\_\_\_ hereby authorize our child to participate in Northminster Presbyterian Church's ministry events. It is understood that designated Northminster Presbyterian Church staff and volunteers will be in attendance and will provide the best reasonable supervision to ensure the health, welfare, and comfort of all in attendance. I hereby release Northminster Presbyterian Church from any and all liability for any incident beyond the control of staff and volunteers using their due diligence and best judgment.

**Emergency Care Authorization:** I hereby authorize emergency medical, dental, health, or hospital services be rendered to my child upon consent of a Northminster Presbyterian Church staff member or designated volunteer. The purpose of this authorization is to permit my child/ward to receive emergency medical attention when needed while involved in activities connected with Northminster Presbyterian Church programs when we (I) or my emergency contact are unavailable to give such consent.

**Photo/Video Consent:** I hereby authorize and give full consent to Northminster Presbyterian Church to use all photographs and/or videos taken of my child during any NPC activity in any Northminster Presbyterian Church publication, including the church web-site, calendars, newsletters and other church related promotions. I understand that I need to inform the church office if I no longer wish to give consent. I understand that my child's name will not be included with the images.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_