CHRIST PRESBYTERIAN CHURCH

For Office Use Only

☐ Parent/guardian alert	☐ No photo release
☐ Allergy alert	☐ No medical release
☐ Medical Alert	☐ No comm. release

CHRIST PRESBYTERIAN CHURCH

PARENTAL REGISTRATION, PERMISSION AND MEDICAL AUTHORIZATION FORM

Updated: May 2023

Participant Name: _____

Age: _____ **Birthdate:** _____ **Grade:** _____ **School:** _____

EMERGENCY CONTACT INFORMATION

_____ _____ _____

Parent/Guardian cell/home/work (circle) cell/home/work (circle)

_____ _____

Email

_____

Address

_____

Relationship to child

_____ _____ _____

Parent/Guardian cell/home/work (circle) cell/home/work (circle)

_____ _____

Email

_____

Address

_____

Relationship to child

_____ _____ _____

Other Emergency Contact cell/home/work (circle) cell/home/work (circle)

_____ _____

Email Relationship to child

Is there any parent, relative, or known adult that your child should not be released to?

HEALTH CARE INFORMATION

PHYSICIAN

Name

Phone

Medical Insurance Company

Policy Number

Name of Policy Holder

DENTIST

Name

Phone

Medical Insurance Company

Policy Number

Name of Policy Holder

Please list any allergies (drugs, food, plants, insects, etc.) as well as your child's reaction:

Date of last tetanus shot:

For your child's safety and for our knowledge, is your child (circle one) a: / Good / Fair / Non / swimmer?

Please list any prescription medications your child takes:

Please list any medications your child carries with them (Epi-pen, insulin, etc.):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Church activities that we should know about that has not been mentioned previously (dietary needs, medical conditions, behavioral issues, injuries, etc.)

PERMISSIONS AND RELEASES
(Please check all that you agree to)

☐ **MEDICAL RELEASE** In the event that a parent or other authorized emergency contact cannot be reached I hereby authorize the Children's Ministry and Youth Group leaders, volunteers, Christ Presbyterian Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

☐ **CUSTODY RELEASE** In the event that a parent or other authorized emergency contact cannot be reached I further authorize the leaders of Christ Presbyterian Church of Canton, Ohio to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

☐ **AGREEMENT TO FOLLOW HEALTH GUIDELINES** I/We will abide by Christ Presbyterian Church policies related to current community health concerns. I/We will also follow general healthy practices such as not sharing food and beverages, hand washing, and staying home when ill.

☐ **ACTIVITY RELEASE** I further give permission for my child to participate in all activities sponsored by the Youth Group or Christ Presbyterian Church, except as noted: _____

☐ **OFF PREMISES PERMISSION** I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Christ Presbyterian Church, Canton, Ohio. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Christ Presbyterian Church.

PHOTO/IMAGE CONSENT AND RELEASE Photos from our activities and events are often used to highlight, celebrate, and promote our ministry programs on the church's website, social media pages, church publications, and promotional materials. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release ANY personally identifiable information (such as names, age, grade, and photo or image) without your written consent. If you wish to rescind this agreement, you may do so at any time in writing to the Director of your activities and such rescission will take place effective upon receipt.

Check one of the following choices:

◯ I/We GRANT permission for this youth's photo/image and all other personal identifiers listed above to be published in CPC Publications.

◯ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on CPC's Publications.

(Communication Release, Methods of Contact, and Signature on following page)

COMMUNCATION RELEASE We are also asking for parental consent around methods of communicating with your child. Recognizing that many of our youth use direct messaging and text messaging as their primary ways to be contacted, by providing this information our staff can contact your youth directly for things like volunteering opportunities, scheduling for activities they are involved in at the church, special events, and check-ins to see how they are doing. Please note that communication between staff and minors is highly regulated for the safety of our youth, which you can read about in our Safe Conduct Policy.

◯ I/We GRANT permission for Directors of CPC Ministries to contact this child through the following methods:

☐ Personal cell phone/Text Phone #: _____

☐ Facebook Name: _____

☐ Instagram Account Name: _____

☐ Twitter Handle: @ _____

☐ Remind

☐ Other _____

☐ Other _____

☐ Notify me via email when a direct contact has been made.

◯ I/We DO NOT GRANT permission for Directors of CPC Ministries to contact this child directly via personal cell phone/text, direct message, social media.
(Please note that this does not preclude your child from following CPC run pages on Social Media, for example the Youth Instagram Page or the CPC Facebook page.)

By signing below, you affirm that all information on this form is accurate as of the date of signing. This form is valid for ONE year from the date it is signed. If any information changes in the year, please contact the CPC office to update the information. Thank you.

_____

Signature of Parent or Legal Guardian

_____

Printed Name

_____

Date