

Use one form
for
the whole family

STUDENT PERMISSION FORM

BROOKLYN PRESBYTERIAN CHURCH

Effective September 17, 2017 through September 1, 2018

Thanks
for filling
out a new
form
yearly

STUDENT COVENANT

I agree to obey all instructions given to me during youth group events. I also agree to do my best to make the experiences enjoyable for everyone in attendance. I understand that my personal behavior is my responsibility. My parents will be notified, and I will be sent home at their expense for any non-compliance during youth group events.

First student _____ Signed _____
Grade & school _____ email _____ cell # _____

Second student _____ Signed _____
Grade & school _____ email _____ cell # _____

Third student _____ Signed _____
Grade & school _____ email _____ cell # _____

Fourth student _____ Signed _____
Grade & school _____ email _____ cell # _____

PERMISSION TO TRANSPORT, RELEASE PHOTOS, and AUTHORIZE URGENT MEDICAL DECISIONS. This includes any overnight trips with our church.

I give Brooklyn Presbyterian Church permission to transport my child/ren listed above to church activities. I agree to hold church staff, volunteers, and Brooklyn Presbyterian Church harmless during field trips or activities. I have read and agree to the student covenant above.

During church activities, I give Brooklyn Presbyterian Church permission to photograph my child/ren listed above for the church's use (including but not limited to brochures, website, or Facebook).

I give full consent for my child/ren listed above to participate in church events. If my child needs any medical attention, I give my full consent for the adult advisors to make decisions on my behalf as to the extent of that medical treatment.

Parent/guardian signature _____ Date _____

Parent/guardian's name _____ email _____ phone _____

Family's address _____

Second parent's name & address _____

Family's home church (if any) _____

Alternate emergency contact _____

Health Insurance Company _____

Policy/Group/Contract #s _____

Allergies/Medication/Medical conditions/Helpful info about my child/ren: _____
