

Use one form  
for  
the whole family

# STUDENT PERMISSION FORM

## BROOKLYN PRESBYTERIAN CHURCH

Thanks  
for filling  
out a new  
form  
yearly

Effective August 11, 2016 through September 1, 2017

### 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_