

**FIRST PRESBYTERIAN CHURCH – NEENAH, WI  
2014 – 2015 ACTIVITY CONSENT AND WAIVER FORM**

***CHILD/YOUTH INFORMATION***

NAME	AGE	BIRTHDATE
STREET ADDRESS	CITY	STATE & ZIP CODE
SCHOOL	GRADE	CHILD/YOUTH CELL PHONE (IF APPLICABLE)
EMAIL ADDRESS (IF APPLICABLE)	ON FACEBOOK? <input type="checkbox"/> YES <input type="checkbox"/> NO	

***PARENT / GUARDIAN INFORMATION*** (please indicate primary custody holder, if applicable)

**NAME: MOTHER / LEGAL GUARDIAN**

HOME PHONE	WORK PHONE	CELL PHONE
EMAIL ADDRESS	ON FACEBOOK? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**NAME: FATHER / LEGAL GUARDIAN**

HOME PHONE	WORK PHONE	CELL PHONE
EMAIL ADDRESS	ON FACEBOOK? <input type="checkbox"/> YES <input type="checkbox"/> NO	

***EMERGENCY CONTACT INFORMATION (IF PARENTS / GUARDIANS ARE NOT AVAILABLE)***

NAME	RELATIONSHIP	
STREET ADDRESS	CITY	STATE & ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE

I am the parent or guardian of \_\_\_\_\_, and do hereby give my consent that my son/daughter may participate in church related activities.

I further waive any claim to liability or damages against First Presbyterian Church of Neenah, Wisconsin, any of its employees, or any persons assisting in these activities for any damage or injury, which may be sustained by my son/daughter during these activities.

Further, in the event an accident or emergency medical situation should arise during the course of any activity involving my son/daughter, I hereby authorize the adult supervisor(s) in charge to obtain medical assistance and treatment for my son/daughter for and on my behalf.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SEE REVERSE SIDE FOR MORE INFORMATION**

***INSURANCE AND HEALTH INFORMATION***

\_\_\_\_\_  
HEALTH INSURANCE COMPANY

\_\_\_\_\_  
POLICY #

\_\_\_\_\_  
PHYSICIAN'S NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
DENTIST'S NAME

\_\_\_\_\_  
PHONE

My son/daughter has the following allergies/special diet/medical problems (i.e. asthma, seizure disorder, etc.) which requires the following medication that I will provide at the stated times if my son/daughter goes on an extended trip:

(PLEASE LIST ALL MEDICAL CONCERNS – EVEN IF MEDICATION IS NOT CURRENTLY BEING ADMINISTERED)

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

***BAPTISM INFORMATION***

\_\_\_\_\_  
PLACE OF BIRTH (city & state)

\_\_\_\_\_  
DATE OF BAPTISM

\_\_\_\_\_  
PLACE OF BAPTISM (name of church, city & state)

***PHOTO / VIDEO USE PERMISSION***

I  do  do not grant First Presbyterian Church, Neenah, permission to publish photos / videos of \_\_\_\_\_ on the First Presbyterian Church website and Facebook page. I understand that photo / video subjects are not identified by name, and that photos / videos are used to enhance the communication and ministry of our congregation by enlivening descriptions of church activities such as worship, Christian education, mission trips, youth events, and other regular and special events.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_