

First Presbyterian Church of Greensburg 2023-2024

Child's Name: _____ DOB: _____

Allergies: _____

Grade entering: _____ District: _____

Anything else that will help us minister to your child? _____

Child's Name: _____ DOB: _____

Allergies: _____

Grade entering: _____ District: _____

Anything else that will help us minister to your child? _____

Parent/Guardian Name(s): _____

Home Phone # _____ Cell Phone # _____

Email: _____

Address: _____

Would be willing to: ☐ Teach ☐ Volunteer

Parent/Guardian Name(s): _____

Home Phone # _____ Cell Phone # _____

Email: _____

Address: _____

Would be willing to: ☐ Teach ☐ Volunteer

In case of emergency, my child may be picked up by the following:

Name: _____ Phone: _____

I give permission for my child's photo to be used in materials (website, newsletters, etc.) by First Presbyterian Church of Greensburg (names will not be used.) ☐ Yes ☐ No

If your child will participate in 6th-12th grade Sunday School or youth group & offsite activities, please fill out this area.

Emergency Contact other than Parent: _____

Relationship to child: _____

Emergency phone #: _____

Medical Insurance Co.: _____

Policy #: _____

Physician's Name: _____

Office Phone: _____

Additional Children:

Child's Name:	_____	DOB:	_____
Allergies:	_____		
Grade entering:	_____	District:	_____
Anything else that will help us minister to your child? _____			

Child's Name:	_____	DOB:	_____
Allergies:	_____		
Grade entering:	_____	District:	_____
Anything else that will help us minister to your child? _____			

Child's Name:	_____	DOB:	_____
Allergies:	_____		
Grade entering:	_____	District:	_____
Anything else that will help us minister to your child? _____			

Please list in the open space provided any other medical conditions/ allergen reactions/ treatments that would be helpful to know in an emergency. Thank you!

Off-Site Permission

I, _____, give permission for my child(ren) to participate in offsite activities as part of the programs offered by the First Presbyterian Church of Greensburg. I also give permission for First Presbyterian Church of Greensburg to obtain urgent medical care for my child(ren) as needed (emergency room, 911, ambulance, etc.) Only the Senior Pastor, Associate Pastor, and chaperones will have access to the above information. My signature here indicates that I hereby release from any liability First Presbyterian Church of Greensburg and all adult advisors or church staff in the event of any accident en route to, during events, and/or on the return from the event.

It is the policy of First Presbyterian Church of Greensburg that cars provided for transportation will **only** be driven by persons over 21 years of age.

I understand that if my child(ren) does not conform to the required standards of behavior or behaves in a way that is a danger to themselves or others, I will be contacted immediately to pick him/her up from the activity.

Parent/Guardian Signature _____

Date: _____

I am willing to drive for events if requested. ☐ Yes ☐ No

☐ **Please check here if you allow your child to ride unaccompanied in the backseat of a vehicle with an approved youth volunteer or staff member.**