

| <b>Children &amp; Youth Ministry Parental Consent, Medical and Liability Release 2018-2019</b><br>(Notify FPC of Any information changes throughout the year)<br><i>First Presbyterian Church Myrtle Beach</i><br><i>PO Box 70127</i><br><i>Myrtle Beach SC 29572</i>  |                                 | <b>GRADE</b>  |
|--|---------------------------------|---------------|
| Participant Name   | Date of Birth                   |               |
| School Attends   | FPC Member?<br><i>Yes or No</i> |               |
| <p>This form (1) gives permission for your child to attend and participate in <b>all</b> FPC activities, including but not limited to: Sunday School, The Way, VBS, choirs, The Point, retreats, mission trips, ski trips etc. (2) gives your permission for your child to ride in church transportation and (2) gives group leaders authorization to secure medical aid for your child should it be necessary during the event.</p> <p>I consent for my child to attend and participate in all FPC activities.</p> <p>I consent for my child to be transported to and from First Presbyterian Church Myrtle Beach in church or other transportation for various activities.</p> <p>I hereby authorize any hospital, clinic, physician, doctor, nurse, or technician to furnish my child, named above, any medical care and treatment necessary as a result of injuries sustained or other emergency medical care treatment as the circumstances require while being transported to and from the church and while at the place of destination. I hereby authorize representatives of First Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such person responsible for any damages arising from the giving of such consent.</p> |                                 |               |
| Parent/Guardian Name (signed)  | Date                            |               |
| Parent/Guardian Name (printed)   |                                 |               |
| <i>By providing the following, the staff and volunteer leaders assume you are giving permission for your child to be contacted in these manners: (If Applicable)</i>   |                                 |               |
| Email Address  | Cell Phone Number               | Ok to text?   |
| <b>Parent/Guardian Information</b>   |                                 |               |
| Parent/Guardian #1   |                                 |               |
| Mailing Address  |                                 |               |
| City   | State                           | Zip Code      |
| Home Telephone Number  | Cell Phone Number               | Email Address |

|  |                         |               |
|--|-------------------------|---------------|
| Parent/Guardian #2   |                         |               |
| Mailing Address  |                         |               |
| City   | State                   | Zip Code      |
| Home Phone Number  | Cell Phone Number       | Email Address |
| <b>Child Resides With</b>  |                         |               |
| <i>Both parents   Mother   Father   Other _____</i>  |                         |               |
| <b>Medical Insurance</b>   |                         |               |
| Is your child covered by medical/hospitalization insurance? _____<br>( If yes, the following information is required)  |                         |               |
| Insurance Company Name   | Insurance Company Phone |               |
| Insurance Company Address  |                         |               |
| Group and Policy Number  |                         |               |
| Policy Holder's Name   |                         |               |
| <b>Emergency Contact Information</b>   |                         |               |
| Name   | Phone                   |               |
| Name   | Phone                   |               |
| <b>Allergies (please list Food and Medical)</b>  |                         |               |
|  |                         |               |
|  |                         |               |
| Is there any other helpful information for us to know?   |                         |               |
|  |                         |               |
| <b>PHOTOGRAPHY AND VIDEO RELEASE</b>   |                         |               |
| <i>By initialing beside <b>YES</b> _____ or <b>NO</b> _____ you are agreeing that photographs and /or videotaping of any FPC activities may be used for promotional or informational purposes.</i> |                         |               |

**If you have any questions please contact:**

**Macy Cottom:** Director of Children and Family Ministries, mcottom@mbfpc.com/843-946-6037

**Skip Yingling:** Director of Children, Youth and Handbell Choirs, syingling@mbfpc.com/843-946-6036