

SHALLOWFORD PRESBYTERIAN CHURCH  
**CHILD/YOUTH PARTICIPATION CONSENT FORM**

WWW.SHALLOWFORD.ORG

REV 03/17/2016

Whereas, \_\_\_\_\_, a young person of whom I have legal custody as a parent or legal guardian will be participating as a member of a group at Shallowford Presbyterian Church, Atlanta, Georgia (hereafter known as Shallowford); and

Whereas, Shallowford's staff and appointed chaperones/advisors will be responsible for the health and well being of my young person during the program year (April 2016 through August 2017);

It is agreed as follows:

1. I give permission for \_\_\_\_\_ (name of child) to participate in the activities of Shallowford Presbyterian Church, both on the church premises and elsewhere. In consideration of the opportunity of my child to participate in the activities of Shallowford, I release Shallowford, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation in the activities of Shallowford, including travel; and I agree to indemnify and hold forever harmless the Shallowford Presbyterian Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my child arising from activities on or off the premises of Shallowford or resulting from traveling to or from the activities of Shallowford, including loss or injury resulting from negligence.
2. In the event my young person requires medical services (including admission to a hospital, surgery, and transfusions), any of Shallowford's staff and/or appointed chaperones/advisors may seek and provide such services as my duly authorized representative. Such authority is expressly limited to medical treatment by licensed physicians, medical practitioners, and supporting nurses or medical personnel. I understand and agree that it is my responsibility to update my child's medical and insurance information as changes occur. I assume full financial responsibility for any medical expenses not covered by my medical insurance policy.
3. I agree to provide Shallowford's staff in charge of the program/activity with notification of any medication my young person will require during the program/activity PRIOR to the start of the program/activity.
4. During the period of an activity in which my child (above) is participating, I can be reached at the telephone numbers listed below.
5. I understand and agree that this permission and agreement shall remain in effect until revoked in writing by me.

I have read the foregoing authorization, consent to medical treatment, and release of liability, and fully understand its content, purpose, and effect.	_____ PARENT/GUARDIAN SIGNATURE (SIGN BEFORE NOTARY FOR OUT OF TOWN TRIPS)
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PARENT/ CUSTODIAL ADULT INFORMATION		
FULL LEGAL NAME	EMAIL ADDRESS	
ADDRESS	CITY, STATE, ZIP	
PRIMARY PHONE (LIST # OR "NONE")	SECONDARY PHONE (LIST # OR "NONE")	ADDITIONAL PHONE (LIST # OR "NONE")

FORM MUST BE NOTARIZED FOR OUT OF TOWN TRIPS ONLY.	
The foregoing instrument was acknowledged before me by _____, who is personally known to me, or who has produced _____ as identification on this ___ day of _____, 20__.	
NOTARIZED BY _____	NOTARY'S SIGNATURE
	NOTARY'S PRINTED NAME
	DATE

## IMPORTANT INFORMATION FOR MEDICAL TREATMENT

-----For out of town trips, you must provide a photocopy of both sides of your child's insurance card-----

### INFORMATION NEEDED FOR ALL PARTICIPANTS AGE 19 AND UNDER

#### INFORMATION NEEDED FOR MEDICAL TREATMENT

CHILD/YOUTH'S FULL LEGAL NAME _____		DATE OF BIRTH _____
LIST SPECIFIC MEDICAL PROBLEMS: (if none, list "none")	_____	
LIST ALL MEDICATIONS (PRESCRIPTION AND OTC): (if none, list "none")	_____ _____	
LIST ALL ALLERGIES: (if none, list "none")	_____	
LIST ANY MEDICAL CONDITION OR MEDICAL HISTORY WE SHOULD BE AWARE OF: (if none, list "none")	_____ _____	
DATE OF LAST TETANUS:	_____	
FAMILY PHYSICIAN	PHONE:	
FAMILY DENTIST	PHONE:	

#### EMERGENCY CONTACT INFORMATION

IN THE EVENT THE PARENT/CUSTODIAL ADULT PREVIOUSLY LISTED IS UNAVAILABLE,  
WE WILL CONTACT THE PERSON LISTED BELOW.

EMERGENCY CONTACT (LIST PHONE # OR "NONE")	_____
PRIMARY PHONE	_____
SECONDARY PHONE	_____
ADDITIONAL PHONE	_____
RELATIONSHIP	_____

# COMBINED PARENTAL CONSENT SUMMARY

I am the parent/legal guardian of

\_\_\_\_\_

Child's Full Legal Name

\_\_\_\_\_

Child's Date of Birth

**Initial**

I understand that Shallowford Presbyterian Church has a Policy for the Protection of Children and Youth. I have been offered a copy and know I may access this policy on the church website or obtain a copy from the church office.

1. Permission for others to pick up my child from Shallowford Presbyterian Church for the period April 2016 - August 2017.

Name	Relationship to Child	Name child calls this Person	Phone Number

To give permissions as indicated below, initial the appropriate box.

2. **Permission to Travel in Vehicle with One Adult Present (initial box at left to give permission)**

**I authorize** my child/youth to travel in a vehicle operated and occupied by only one adult, staff member or volunteer.

3. **Permission for youth age 16 or older to sign themselves out. (initial box at left to give permission)**

**I authorize** Shallowford Presbyterian Church to permit my child, who is age 16 or older, to sign him/herself out and leave SPC's premises. I will notify the program staff member responsible for the activity if there is a particular adult volunteer with whom I do not want my child to ride.

4. **Texting and Social Media Permissions—for children grades 6-12 only (initial box at left to give permission)**

**I authorize** the Director of Youth Ministries, the Director of Music Ministries, and other church staff or volunteer leaders ("SPC Personnel") to contact my child by cell phone text or by Facebook or other social media.

\_\_\_\_\_

Child's Cell Phone Number

5. **Image Use Policy and Parent Release Forms (initial box at left to give permission)**

The full current image use policy may be found online on Shallowford's website, and hard copies can be obtained in the church office. You may complete and sign below in lieu of obtaining and signing the full agreement.

**I hereby allow** my under age 18 child's name, likeness, image, voice, and/or biography to be photographed and/or recorded on film, tape, digitally, or otherwise, to be used in any present or future publications, broadcasts, recordings, internet postings, downloads, streaming, or promotions, by Shallowford Presbyterian Church and School and any and all of their staff and volunteers. Shallowford Presbyterian Church may edit and process such recordings, in whole or in part, for use in any medium, at its sole discretion, for unrestricted promotional use and distribution without limitation to video or broadcast formats now known or hereinafter devised, for no compensation to me, in perpetuity, throughout the world.

Shallowford Presbyterian Church will not knowingly use an image that would be embarrassing, objectionable, or hurtful to anyone in any image. I understand that this Agreement will remain in effect until my child reaches age 18 unless I revoke it before then.

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Parent/Custodial Adult Signature

Parent/Custodial Adult Name Printed

Date