

**FIRST PRESBYTERIAN CHURCH OF BURLINGAME
CHILDREN & YOUTH MINISTRIES**

1500 EASTON DRIVE, BURLINGAME, CA 94010
(650) 342-9298 www.burlpres.org



PERMISSION SLIP FOR YOUR ACTIVITIES CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of the Youth Group of First Presbyterian Church of Burlingame and to be transported by private car or public transportation when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against First Presbyterian Church of Burlingame, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give First Presbyterian Church of Burlingame written notice to the contrary.

Parent/Guardian signature: _____ Date: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Street: _____ City: _____ Zip: _____ email: _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell _____

Name _____ Relationship _____

Day Phone _____ Evening Phone _____ Cell _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of First Presbyterian Church of Burlingame.

Parent/Guardian signature: _____ Date: _____

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance company's emergency phone: _____

HEALTH INFORMATION

Has he/she had any surgery or serious illness within the last 3 years? yes no. If yes, explain:

Is he/she required to take any medication? yes no If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? yes no. If yes, explain.

Is he/she presently under a doctor's care? yes no. If yes, explain.

Are there any restrictions on his/her activities and/or accommodations that need to be made? yes no
If yes, explain.

PHOTO RELEASE: I hereby give FPCB permission to take and use photographs of my child for communicating about programs and events at FPCB through various means including bulletin boards, slide shows, newsletters, brochures, web page and other means of advertising.

Parent/Guardian Signature: _____ Today's Date: _____