SAFETY FORM

Child's Name _____ Nickname _____

Pronouns _____ Age _____ D.O.B._____ Grade _____

Child's Phone _____ Child's Email _____

Parent/Guardian Name_____ Phone _____

Email _____ Address _____

Parent/Guardian Name _____ Phone _____

Email _____ Address _____

Court-ordered custody restrictions? _____

ALLERGIES (Please check all that apply): ☐ Asthma ☐ Insect Stings ☐ Peanuts/Nuts ☐ Dairy

☐ Penicillin ☐ Other Drugs ☐ Other (please list)_____

MEDICAL CONDITIONS (include conditions that may affect a child's participation in activities at school):

☐ Epilepsy/Seizures ☐ Diabetes ☐ Vision/Hearing Impaired

☐ Other_____

Special Needs? _____

Name of Physician _____ Phone _____

Other Specific Physicians _____ Phone _____

Name of Medical Insurance Provider _____ Group# _____ ID # _____

EMERGENCY CONTACT INFORMATION (These individuals have permission to pick up your child)

Name _____ Phone: _____

Name_____ Phone: _____

Safe, loving **CHILDCARE** is available for infants to age 5**.** A parent/guardian must remain on church premises at all times. Please leave your phone on vibrate--when your support is needed, or in case of emergency, childcare providers must be able to contact you by text without leaving the childcare room. Children should be **signed out** at noon, or the conclusion of Sunday morning programs**. Sick children** should be left at home until 24 hours after symptoms of contagious illness have passed (fever, sore throat, congestion, runny nose, cough, diarrhea, rash).

Helpful information about your child (ex. Likes to be rocked):

_____

_____

_____

Acknowledgement of Risk and Safety – Continue to next page.

Acknowledgement of Risk and Safety

Your signature below verifies that:

1. You have completed the SAFETY FORM to the best of your knowledge.
2. You allow the adult volunteer leaders and FPC staff permission to administer any emergency first aid if deemed necessary and give consent for medical emergency treatment of your child.
3. You understand it is our expectation that all children will conduct themselves appropriately. If we deem your child's behavior to be unacceptable, we will first work with the child, but parents will ultimately be responsible for retrieval of their child if it becomes necessary.
4. You agree to indemnify, release and hold harmless the First Presbyterian Church, its staff and volunteers from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment, and/or participation in FPC activities.
5. FPC will occasionally take photos/videos at various group activities or livestream church events such as the worship service. This media may be used within the church or published publicly on the church website or church social media. No minor child will be identified by name or other personal information. Please check below to let us know your media use preferences.

   ☐ **yes** ☐ **no** I give permission for my child to be photographed and/or videotaped while participating in FPC programs and events to be shared in church publications in print or online.

   ☐ **yes** ☐ **no** I give permission for my child to appear in live-streamed church events which will appear publicly online (ex. worship service)

6. DIAPERING: **CIRCLE ONE**

   Does Not Apply Childcare workers may diaper as needed Prefer to be called to diaper my own child as needed

7. **Grades 7-12 ONLY:**

   ☐ **yes** ☐ **no** I give permission to allow authorized youth leaders to contact my child.

   ☐ **yes** ☐ **no** I give permission to allow one-on-one meetings between authorized youth leaders and my child.

   ☐ **yes** ☐ **no** I give permission for my child to accompany classmates on field trips. This is a blanket permission slip valid for the academic year. Students will travel seat-belted in private passenger vehicles or rental van.

Parent/Guardian 1: Signature _____ Date _____

Parent/Guardian 2: Signature _____ Date _____