

**Heritage Presbyterian Church
Mission Permission and Release Form**

PARTICIPANT INFORMATION

CHILD NAME (first) _____ (last) _____ Birthdate _____ Grade _____

CHILD NAME (first) _____ (last) _____ Birthdate _____ Grade _____

CHILD NAME (first) _____ (last) _____ Birthdate _____ Grade _____

Parent/Guardian Name(s) _____

Parent/Guardian E-mail(s) _____

Parent/Guardian Cell(s) _____

Other Responsible Adults who may provide care for your child(ren) _____

MEDICAL HISTORY (if multiple children in family, please indicate for whom the below information applies)

Current medications _____

Known allergies _____

Any restrictions (dietary or physical) _____

ACTIVITY AND PHOTO PERMISSION

My child may participate in activities held at Heritage Presbyterian Church, including church sponsored events and community group educational classes. I release Heritage Presbyterian Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church events.

Additionally, I give permission for my child to be photographed, and for Heritage Presbyterian Church to use individual and group photos in its publications, including, but not limited to: newsletter, website, and social media (i.e. Facebook), HPC fliers, bulletin boards, and presentations. _____ (initial). *Note: It is our practice to not identify children or use individual photographs without additional express permission of parents or guardians.*

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize a representative of Heritage Presbyterian Church or community group leader to give consent for medical treatment of my child in the event of illness or injury. In case of emergency, I understand that every effort will be made to contact me as a parent or guardian.

This permission and authorization is effective for the child(ren) named above for the period of Nov. 20__ through Dec. 20__

(signature of parent/guardian)

(date)