

PARENTAL CONSENT FORM

First Christian Church Children's Ministry
6900 Market Ave N
Canton, OH 44721

Children's Ministry Event/Activity: _____

Date(s) Of Event/Activity: _____

Student's Name _____ Birth date _____ Grade _____

Address _____

City/State/Zip _____

Parent Name(s) _____

Home phone _____ Business phone _____

In the following statements, First Christian Church personnel refers to all authorized adult sponsors with the children's program, both paid staff and volunteers.

- I give permission for my student, named above, to attend and participate in First Christian Church activities.
- I give permission for First Christian Church personnel to transport my student to and/or from the activities.
- I give permission for First Christian Church personnel to make the necessary decisions in the event of a medical or dental emergency involving my student.
- I will not hold First Christian Church or First Christian Church personnel responsible for payment of emergency medical or dental treatment involving my student.
- I allow First Christian Church to share photos/videos taken of my child during events to be published in print and digital media.

Parent's signature _____ Date: _____

Insurance Company _____ Policy Number _____

Allergies

Special needs/Additional information

