

**First Presbyterian Church of Strasburg
FPS Student Ministry
Emergency Contact Form 2021-2022**

Student Information:

Student's Name: _____

Date of Birth: _____

Address: _____

Phone (if applicable): _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Emergency Information:

Emergency Contact Name: _____

Emergency Contact Phone: _____

Please list any allergies, medical conditions, medications or concerns of which we should be aware:

First Presbyterian Church of Strasburg
FPS Student Ministry
Activity Permission Form 2021-2022

I give my permission for my student, _____, to attend events and trips in 2021-2022 with First Presbyterian Church of Strasburg's FPS Student Ministry.

Waiver and Consent to Medical Treatment:

I, the undersigned parent/legal guardian of named student, do hereby grant my permission and consent for said student to receive emergency medical care if:

- 1) Such care is deemed necessary by the adult supervisor having custody of my student.
- 2) The proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my personal consent would reasonably jeopardize the life, health, or wellbeing of the student affected.
- 3) I cannot be personally contacted. I agree to pay all fees and costs arising from this action to obtain medical treatment.

Release of Liability:

By signing this permission/ waiver form, I expressly warrant that the student named above is capable of withstanding the physical demands of activities discussed above. I also expressly assume all risks of the student or me participating in the activities, whether such risks are known or unknown to me at this time. I further release First Presbyterian Church of Strasburg as well as the Presbyterian Church (USA) and its ministers, leaders, employees, and volunteers. I further agree to indemnify and hold harmless First Presbyterian Church of Strasburg as well as the Presbyterian Church (USA) and its ministers, leaders, employees, and volunteers from any and all claims arising from my participation in its activities and programs, loss of material possessions, or as a result of injury or illness of my student during such activities. I also authorize volunteers/staff to take, or cause to be taken, any and all actions necessary for his or her participation in the event, including, but not limited to appropriate travel and lodging arrangements.

Publicity:

On occasion, First Presbyterian Church of Strasburg takes photographs or makes audio/video recordings of students and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in First Presbyterian Church of Strasburg publications or advertising materials to let others know about our ministry. This consent includes but is not limited to: photographs, video, and audio recordings.

I acknowledge that I have read the above permission/waiver form and am fully familiar with the contents.

Signature of Parent/Guardian, Unless the student is of the age of 18:

Name: _____

Date: _____