

WAVERLY ROAD PRESBYTERIAN STUDENT INFORMATION FORM

Effective Date: September 1st 2020-August 31, 2021. This form is to be completed in black or blue ink by the child's parent/legal guardian.

Participant Information

Legal Name of Participant _____

Preferred Name (Nickname) _____ Date of birth _____ Sex _____

Complete Home Address _____

City _____ State _____ Zip _____

School Attending this Fall: _____

Grade in Fall: _____

Has your child been baptized? If so, when and where: _____

If not, are you interested in your child becoming baptized?: _____

Emergency Contact Information *(Contacts May Grant Medical Permission)*

The following person(s) will serve as emergency contacts in case of medical or other emergency. These person(s) also have my permission to pick-up my child.

Name _____ Phone # _____ Relationship to child _____

Name _____ Phone # _____ Relationship to child _____

Name _____ Phone # _____ Relationship to child _____

Medical Information

List any food allergies: _____

Other known allergies: _____

Current medications and health conditions _____

Waverly Road Presbyterian Church Annual Liability Release Form

Waverly Road Presbyterian Church maintains a website at <http://www.waverlyroadpc.org> . It is the policy of Waverly Road Presbyterian Church to obtain permission from the parent/guardian of each child before placing any recognizable, close-up picture of their child on-line. No names or other identification will be used in conjunction with any pictures placed on our website. We do realize that some parents are very sensitive to this type of publicity. If you feel that you do not want pictures of your child on our website or social media, please feel free to decline.

Please check one:

I GIVE MY PERMISSION to use pictures and/or video of my child on the church website and social media pages.

I do NOT give my permission to use my child's pictures and/or video on the church website and social media pages.

I GIVE MY PERMISSION to use pictures of my child in newsletters or bulletins.

I do NOT give my permission to use my child's pictures in newsletters or bulletins..

Medical Insurance Information

Name of insurance company _____

Health insurance policy number _____ Group number _____

Phone/address of health insurance company _____

Name of policy holder _____

Policy holder's phone number _____

Liability Release – Please read before signing below

- I/We, the undersigned, are the parents or persons having legal custody of the above-named participant and have given our consent, if the person is a minor, for the named participant to attend an event operated by Waverly Road Presbyterian Church.
- I/We grant permission for my child to ride in the WRPC church van from school to WRPC, from WRPC to their home and to any field trips WRPC takes.
- I/We understand that there are inherent risks involved in any event and I/we hereby release Waverly Road Presbyterian Church, its staff and volunteers from any and all liability due to injury, loss or damage to person or property that may occur during the course of the participant's involvement with this church event.
- I/We understand that a member of the church staff or lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/We understand the participant will be transported home at my/our expense. Waverly Road Presbyterian Church will contact the parent or guardian to arrange such transportation.
- In the event that the participant is injured while attending the event and requires attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuse to administer without my/our consent, I/we hereby authorize the lead adult or a member of Waverly Road Presbyterian Church to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed above, or if, because of an emergency, there is not sufficient time or opportunity to make such a telephone call.
- In the event it becomes necessary for that person to give consent for us, I/we will agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier listed above.
- I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the event.

Signature of parent or guardian

Print name: _____

Signature _____ Date _____