

Church of the Resurrection Permission and Health Form

Name of Child _____ Date of Birth _____ Grade _____
Address _____

Contact Information

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to child _____	Relationship to child _____
Home: _____	Home: _____
Work: _____	Work: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____

Emergency Contact if Parents Not Available:

Name: _____
Phone#: Home: _____ Work: _____ Mobile: _____
Address: _____
Relationship to Child _____

Permission to Pick up your Child

Name: _____ Relationship to Child _____
Name: _____ Relationship to Child _____

Signature of Parent or Guardian

PARENTAL/GUARDIAN CONSENT: I, the undersigned parent/guardian of (child's name) _____, a minor, hereby release and agree to hold harmless The Church of the Resurrection Parish Community or any of its facilitators, chaperones, or persons connected with the parish from any liability, claims, or damages for personal injury or property loss/damage which may occur during a religious education, youth group gathering, or on a youth trip.

TRANSPORTATION: I also give my permission for Church of the Resurrection parish volunteers to provide transportation to and from youth events when my child is a participant. I understand I will be notified before the event or trip. _____ (initial if agreed)

USE OF PHOTOS: I give Church of the Resurrection community permission to use photos or videos of my child taken during program activities for Church of the Resurrection promotional purposes on the web page and in the media. _____ (initial if agreed)

Signature of Parent/Guardian: _____ Date: _____

(This form is valid for one year and must be updated each year)