



## First Presbyterian Church of Charleston K-12 Information and Emergency Form

Child/Teen's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ (Teen's Phone/Email: \_\_\_\_\_)

Parent/Guardian 1: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

ALLERGIES/DIETARY RESTRICTIONS: ☐ Insect Stings ☐ Peanuts/Nuts ☐ Dairy ☐ Gluten ☐ Asthma

☐ Other \_\_\_\_\_

MEDICAL CONDITIONS (include conditions that may affect participation in activities): ☐ Epilepsy/Seizures

☐ Diabetes ☐ Vision/Hearing Impaired ☐ Mobility Restrictions ☐ Other \_\_\_\_\_

EMERGENCY CONTACTS (These individuals have permission to pick up your child from church activities.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Any security concerns regarding who can or CANNOT pick up your child? Any court-ordered custody restrictions? Further health concerns or ways we could better support your child/teen? Please use the space on the back of this form to fill in any other safety information you want us to know.

### PHOTO/VIDEO PERMISSION

☐ I give permission for my child/teen to be photographed and/or videotaped while participating in FPC programs and events. These photos may be used within the church, published on the church website, or social media. No last names or other identifying information of children in photos will be published.

☐ I DO NOT give permission for my child/teen to be photographed and/or videotaped while participating in FPC programs and events.

By signing this form, you verify the following:

1. You have completed the Information and Emergency Form to the best of your knowledge.
2. In the event of an emergency, you allow the staff/adult leaders of FPC permission to administer any necessary first aid. If you cannot be reached or the need is critical, you give consent for emergency medical services to be called to treat your child/teen.
3. You understand it is our expectation that all children/teenagers will conduct themselves appropriately. If any behavior issues arise we will work with the child/teen and family, but parents/guardians will ultimately be responsible for retrieval of their child/teen if it becomes necessary.
4. You hereby release and agree to hold harmless First Presbyterian Church of Charleston, its staff, and volunteers from any and all liability, claims, or damages for any accident, injury, or illness arising out of the use of church facilities, equipment, and/or participation in any FPC activities regardless of location.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed forms to Susan Smith at [Susan@firstpresby.com](mailto:Susan@firstpresby.com).**