



I give permission for my child (full name) _____
 to participate in the **Dr. King Children & Youth Service Day** at First Congregational Church. In the
 event that my child should need medical attention, and I cannot be reached, I authorize and empower Jeff
 Rabe (First Congregational Children and Youth Director) or another adult event representative to take
 such action as is necessary for the welfare of my child.

A) Contact Numbers: 1) _____ Contact Name: _____
 (relation?)
 2) _____ Contact Name: _____
 (relation?)

B) Birth Date: _____

C) Grade: _____

D) _____
 Doctor Name Hospital Insurance Provider

E) Video/Photo Release: (please check)
 Yes, I grant permission to photograph/videotape my child. Pictures may be used for publicity purposes i.e.
 _____ brochures, church web site. Children will NOT be identified by name without my permission.

F) _____
 Parent/Guardian Signature Date

G) Pertinent Medical Information

Allergies:

Medications:

Other:

