

# Children, Youth, and Family Ministry

## Information and Annual Permission Form

First Presbyterian Church of Naples

250 Sixth Street S Naples, FL 34102

Valid from January 1, 2022 through December 31, 2022

Note: A copy of this form must be on file for a child/youth to participate in off campus activities.

### Child/Youth Information:

Child/Youth full/legal name: \_\_\_\_\_

Preferred name (if different): \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Child/Youth cell phone: \_\_\_\_\_ Child/Youth e-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Grade and name of school for 2021/2022 school year: \_\_\_\_\_

Activities: \_\_\_\_\_

Home/Mailing address: \_\_\_\_\_

\_\_\_\_\_

### Family Information:

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

#1 – cell phone: \_\_\_\_\_ #2 – cell phone: \_\_\_\_\_

#1 – work phone: \_\_\_\_\_ #2 – work phone: \_\_\_\_\_

#1 – e-mail: \_\_\_\_\_ #2 – e-mail: \_\_\_\_\_

Primary family/home phone: \_\_\_\_\_

Child/Youth lives with: \_\_\_\_\_

Any special instructions/restrictions regarding who may pick up your child/youth after functions:

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information:

In the event a parent cannot be reached at any of the numbers above, please provide two emergency contacts. List name, relationship and phone number.

1. \_\_\_\_\_

2. \_\_\_\_\_

Over

**Child/Youth Health Information:**

If child/youth does not have medical insurance, check here \_\_\_\_

If child/youth is insured complete the appropriate blanks below:

Name of Insured: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle any and all condition(s) relevant to your child/youth, then on the lines below offer any necessary explanation (attach additional pages if needed):

- |                   |                      |   |
|-------------------|----------------------|---|
| A.D.D. / A.D.H.D. | Medication Allergies | Chronic Illness or ongoing medical condition        |
| Asthma            | Food Allergies       | Under the care of a mental health professional      |
| Bedwetting        | Diabetes             | Operations or serious injuries                      |
| Fainting          | Eating Disorder      | Skin problems (acne, rash, other)                   |
| Seizures          | Heart problems       | Taking medication (ongoing only – list meds)        |
| Sleep Walking     | Back problems        | Any special condition that limits physical activity |
| Other             | Joint problems       | Recent broken bones or frequent broken bones        |

**Liability Release**

We (I), in consideration for our child/youth attending First Presbyterian Church of Naples Children, Youth, and Family Ministry activities and being under the age of 21, do hereby release, forever discharge and agree to hold harmless First Presbyterian Church of Naples and the directors thereof from any and all liability, claims of demands for personal injury, sickness of death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in First Presbyterian Church Children, Youth, and Family Ministry trips and activities.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and related activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this child. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of negligent, willful or intentional acts of said child, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this child, and hereby grant our (my) permission for her (him) to participate fully in First Presbyterian Church of Naples Children, Youth, and Family Ministry activities, and hereby give our (my) permission to take said child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the child/youth to return home due to medical reason, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

Further, we (I) agree to allow First Presbyterian Church of Naples to use any photographs or video of my child for the purpose of First Presbyterian Church publicity.

Social Media/Conduct Release I hereby consent that my youth (grade 6-12) can receive texts regarding programs/activities and/or words of encouragement/support from the youth leaders. The responsibility of FPCN's authorized youth workers for social networking content is limited to that which appears on FPCN Church Sponsored Sites. All Youth agree that there will not be any inappropriate behavior or language exhibited in texts or in person. \_\_\_\_\_ Initials of Parent/Guardian

Both parents must sign. If divorced or separated, custodial parent or legal guardian must sign. This form is valid for off campus trips including trips out of the state of Florida.

Parent #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child/Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_