



**First Presbyterian Church
of South Bend**

Experience What Matters Most

Youth (6th- 12th grade) Information Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email _____

School and Grade: _____

Birth Date: _____ Confirmation Date: _____

Parent/Guardian Information

Parent: _____ Relationship to youth: _____

Address: _____ City & State: _____

Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact Information

Adult/family Members who may drop off/pick up child on- or off-site

Name	Relationship
_____	_____
_____	_____
_____	_____

-OVER-

Allergies (food, environmental & medications):

The program supervisor _____ may _____ may not administer these medications to my child (ex Tylenol, ibuprofen, pepto-bismol, etc.):

I grant permission for First Presbyterian Church personnel to photograph and/or video record my child participating in church activities and/or to use his/her likeness (without names) in church publications (print and/or electronic). _____ YES _____ NO

I grant permission for First Presbyterian Church personnel to administer necessary First Aid and to seek emergency medical attention for my child if needed. _____ YES _____ NO

I have been informed of the Child Protection Policy of First Presbyterian Church and am aware of the procedures for reporting any incidents. _____ YES _____ NO

Is there anything special about your child that you would like us to know? (ex. custodial arrangements, medications, prescriptions, persons whom your child should **not** be released to?)

In case of emergency, I hereby authorize the adult leader in charge to select and secure appropriate medical personnel for my child. Further, I authorize those medical personnel to perform and provide all reasonably necessary medical care, including but not limited to, diagnostic (e.g. radiology), hospitalization, anesthesia, surgery, and prescription drugs, advisable for the health of my child.

Signature _____
Relationship to child _____ Date: _____

THANKS SO MUCH FOR TAKING THE TIME TO KEEP YOUR CHILD SAFE!