

First Presbyterian Church of Ossian

Blanket Parent/Guardian Permission Slip for Local Children/Youth Off-Site Activities

October 5, 2021-October 4, 2022

First Presbyterian Church of Ossian uses a blanket permission slip for off-site activities for each program year. This policy applies to all *children and youth in grades two through twelve*. This form, along with an annual *Youth Ministries Medical Release Form* must be on file for your child or youth to be included in any such events.

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I give my permission for _____ to participate with the First Presbyterian Church of Ossian youth groups, at any and all off-campus, church approved events beginning October 5, 2021, and extending to October 4, 2022. I will notify the specific group leaders if my child does not have permission to attend a specific event. I have completed the annual *Youth Ministries Medical Release Form*, and it is on file in the youth office. I accept responsibility for payment of any and all expenses required for a specific local, off-site event.

In signing this form I understand that I will hold neither the supervisory adults nor First Presbyterian Church of Ossian or any of its agents liable for injuries or damages sustained by my child/youth during any off-campus, church-sponsored event.

I also give permission for photos of my son/daughter taken during any weekly youth group meeting, youth group or church event to be used by the church. This includes but is not limited to the church pictorial, videos taken and played during church services, and all postings to social media.

If you have a home church, please list your church: _____.
If you do not have a church home, we invite your family to join us on Sunday mornings!

Date Signed

Signature - Parent/Legal Guardian

First Presbyterian Church of Ossian

Youth Ministries Medical Release

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Home Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Parent's Email: _____

Please list any allergies, medications being taken, medical problems or any other pertinent information: _____

Doctor's Name: _____ Doctor's Phone: _____

Insurance Company & Policy Number: _____

I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission for the leaders of the Youth Group to secure the services of a licensed physician and to provide the care necessary including anesthesia for my child's well-being.

This form is valid from October 5, 2021 through October 4, 2022 for all youth functions, events, and trips with First Presbyterian Church of Ossian. I do not and will not hold the church, youth director or volunteers responsible for any accidents or injuries that may occur with my child at these events.

Signed: _____ Date: _____

Signed: _____ Date: _____