



First Presbyterian Church

1900 North D Street • San Bernardino, California 92405 • 909.882.3308 • www.fpcsb.net

THE REV. DR. SANDRA R. TICE, PASTOR

PARENTAL PERMISSION AUTHORIZATION FORM

Event Name: _____ **Place:** _____

Date: _____ **Time:** _____

Participant Name: _____ **Birth date:** _____

Allergies: _____

Dietary Restrictions: _____

Emergency Contact: _____ **Phone:** _____

Parent Home Phone #: _____ **Cell:** _____

Physician's Name _____ **Physician's Emergency #** _____

I, the parent or guardian of this Participant hereby grant my permission to attend the First Presbyterian Church of San Bernardino event listed above, including to ride in any vehicle driven by an approved and licensed ADULT chaperone. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Medical Release

I hereby request and authorize the First Presbyterian Church of San Bernardino, its leaders, employees, and volunteer staff (herein the "Church"), hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Custody Release

I further authorize the designated adult representative of the Church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Liability Release

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold the Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date