Instructions: Yellow pages (page 1&2) - fill out one per family; Green page (page 3)- fill out for each child

SHALLOWFORD PRESBYTERIAN CHURCH

CHILD PARTICIPATION CONSENT FORM

SHALLOWFORD.ORG REV 8/1/2022

PARENT/ CUSTODIAL ADULT INFORMATION

FULL LEGAL NAME

EMAIL ADDRESS

ADDRESS

CITY, STATE, ZIP

MOBILE PHONE

SECONDARY PHONE

ADDITIONAL PHONE

CHILD #1 INFORMATION

FULL LEGAL NAME OF CHILD

DATE OF BIRTH

GRADE

SCHOOL

ALLERGIES

CHILD #2 INFORMATION

FULL LEGAL NAME OF CHILD

DATE OF BIRTH

GRADE

SCHOOL

ALLERGIES

CHILD #3 INFORMATION

FULL LEGAL NAME OF CHILD

DATE OF BIRTH

GRADE

SCHOOL

ALLERGIES

EMERGENCY CONTACT INFORMATION

IN THE EVENT THE PARENT/CUSTODIAL ADULT PREVIOUSLY LISTED IS UNAVAILABLE, WE WILL CONTACT THE PERSON LISTED BELOW.

EMERGENCY CONTACT NAME & RELATIONSHIP

PRIMARY PHONE

SECONDARY PHONE

Please complete other side →

COMBINED PARENTAL CONSENT SUMMARY

I am the parent/legal guardian of

_____

Child #1 Full Legal Name Child's Date of Birth

_____

Child #2 Full Legal Name Child's Date of Birth

_____

Child #3 Full Legal Name Child's Date of Birth

To give permissions as indicated below, initial the appropriate box.

☐ **I understand that Shallowford Presbyterian Church has a Policy for the Protection of Children and Youth. I know I may access this policy on the church website or obtain a copy from the church office.**

☐ **Permission for others to pick up my child from Shallowford Presbyterian Church for the period: August 2026 – July 2027.**

Name	Relationship to Child	Name child calls this Person	Phone Number

☐ **Permission to Travel in Vehicle with One Adult Present (initial box at left to give permission)**

I authorize my child/youth to travel in a vehicle operated and occupied by only one adult, staff member or volunteer.

☐ **Image Use Policy and Parent Release Forms (initial box at left to give permission)**

The full current image use policy may be found online on Shallowford's website, and hard copies can be obtained in the church office. You may complete and sign below in lieu of obtaining and signing the full agreement.

I hereby allow my under age 18 child's name, likeness, image, voice, and/or biography to be photographed and/or recorded on film, tape, digitally, or otherwise, to be used in any present or future publications, broadcasts, recordings, internet postings, downloads, streaming, or promotions, by Shallowford Presbyterian Church and School and any and all of their staff and volunteers. Shallowford Presbyterian Church may edit and process such recordings, in whole or in part, for use in any medium, at its sole discretion, for unrestricted promotional use and distribution without limitation to video or broadcast formats now known or hereinafter devised, for no compensation to me, in perpetuity, throughout the world.

Shallowford Presbyterian Church will not knowingly use an image that would be embarrassing, objectionable, or hurtful to anyone in any image. I understand that this Agreement will remain in effect until my child reaches age 18 unless I revoke it before then.

**** Please note- if we use a picture of your child, Shallowford will NEVER include their full name along with the picture.**

Parent/Custodial Adult Signature Parent/Custodial Adult Name Printed Date

SHALLOWFORD PRESBYTERIAN CHURCH

CHILD PARTICIPATION CONSENT FORM

REV 8/1/2022

Whereas, _____, a young person of whom I have legal custody as a parent or legal guardian will be participating as a member of a group at Shallowford Presbyterian Church, Atlanta, Georgia (hereafter known as Shallowford); and

Whereas Children's Choir Director, Anne Thomas and Associate Pastor for Children's Ministries, Landon Dillard, as well as Shallowford's staff and appointed chaperones/advisors will be responsible for the health and well-being of my child person during the program year **(August 2026 – July 2027);**

It is agreed as follows:

1. I give permission for _____ (**name of child**) to participate in the activities of Shallowford Presbyterian Church, both on the church premises and elsewhere. In consideration of the opportunity of my child to participate in the activities of Shallowford, I release Shallowford, Children's Choir Director Anne Thomas, Associate Pastor for Children's Ministries Landon Dillard, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation in the activities of Shallowford, including travel; and I agree to indemnify and hold forever harmless the Shallowford Presbyterian Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my child arising from activities on or off the premises of Shallowford or resulting from traveling to or from the activities of Shallowford, including loss or injury resulting from negligence.
2. In the event my young person requires medical services (including admission to a hospital, surgery, and transfusions), Children's Choir Director Anne Thomas, Associate Pastor of Children's Ministries, Landon Dillard, as well as Shallowford's staff and/or appointed chaperones/advisors may seek and provide such services as my duly authorized representative. Such authority is expressly limited to medical treatment by licensed physicians, medical practitioners, and supporting nurses or medical personnel. I understand and agree that it is my responsibility to update my child's medical and insurance information as changes occur. I assume full financial responsibility for any medical expenses not covered by my medical insurance policy.
3. I agree to provide Shallowford's staff in charge of the program/activity with notification of any medication my young person will require during the program/activity PRIOR to the start of the program/activity.
4. During the period of an activity in which my child (above) is participating, I can be reached at the telephone numbers listed.
5. I understand and agree that this permission and agreement shall remain in effect until revoked in writing by me.

IMPORTANT MEDICAL INFORMATION FOR CARE OF MINORS

CHILD/YOUTH'S FULL LEGAL NAME	DATE OF BIRTH
LIST ANY MEDICAL CONDITION OR MEDICAL HISTORY WE SHOULD BE AWARE OF: (if none, list "none")	
LIST ALL ALLERGIES: (if none, list "none")	
LIST ALL MEDICATIONS (PRESCRIPTION AND OTC): (if none, list "none")	
FAMILY PHYSICIAN	PHONE

I have read the foregoing authorization, consent to medical treatment, and release of liability, and fully understand its content, purpose, and effect.

PARENT/GUARDIAN SIGNATURE