

# **PARENTAL CONSENT FORM**

First Presbyterian Church of Roseville  
515 Sunrise Avenue  
Roseville, Ca. 95661  
782-3186

For any organized activity away from the church, we require a permission slip, which will allow us to obtain medical care for your student in the event we cannot contact you.

**NO** student will be allowed to attend activities away from the church without a completed form. Please return the completed form to a Highway 56 Teacher or the Church Office.

Name of Event: **ALL FPC EVENTS FOR**



**HIS WAY TO THE HIGHWAY**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_

Parent (s) Business Phones \_\_\_\_\_

Parent (s) Cell Phones \_\_\_\_\_

Parent (s) E-mail Address \_\_\_\_\_

**MEDICAL RELEASE:** In case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of the First Presbyterian Church of Roseville the permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary. I hereby absolve First Presbyterian Church of Roseville and its agents and employees from any and all liability resulting from their conformance with these instructions.

Hospital Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company \_\_\_\_\_

\_\_\_\_\_  
Father's Name

Policy Number \_\_\_\_\_

\_\_\_\_\_  
Mother's Name

Emergency Phone \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
*Signature of Parent / Legal Guardian*

Check this box if you **DO NOT** want photographs of your child used for publicity purposes.

This form is on file and valid for any off-site activity occurring from **July 1, 2008 through June 30, 2009**. Please list any allergies/medical problems on the reverse.