

Southminster

PRESBYTERIAN CHURCH

Jill Schiltz, Children's Ministry Director
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Photo and Medical Release Forms 2017-2018

PHOTO POLICY - We will be taking photos of children at all Southminster classes and events for our website, our monthly Spire, and Church social media. Individual participants will NOT be identified in any photos.

I grant permission for my child to be included in pictures connected with Southminster Presbyterian Church.

Parent/Guardian Signature _____ Date _____

MEDICAL EMERGENCY- If, in the judgment of the adult Southminster teacher or nursery care worker, medical treatment should become necessary, it is understood that every possible effort would be made to contact the parent or guardian immediately. However, there is always the possibility that we might not be able to reach you.

By signing below, you, the parent/guardian, give permission for the adults in charge of the event to obtain emergency medical treatment, only in the event that you cannot be reached for prior consent and agree to bear the financial responsibility for the treatment.

I GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT IN CASE IT IS NECESSARY AND I CANNOT BE REACHED.

*** Please attach a copy of your insurance card or provide a copy to the Sunday school director later.**

Signature of Parent/Guardian _____

NAME OF FAMILY DOCTOR _____

DOCTOR'S PHONE NUMBER _____

MEDICAL COVERAGE* (company & policy #) _____

