

**GREENEVILLE CUMBERLAND PRESBYTERIAN CHURCH
CHILDREN'S MINISTRY RELEASE FORM**

PARTICIPANT'S NAME: _____
DATE OF BIRTH: _____ GRADE: _____
SCHOOL: _____

MEDICAL CONCERNS
Allergies:

Medications:

Other Important Medical Info:

Preferred Hospital:

PARENT/GUARDIAN'S NAMES: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: HOME _____
CELL _____
Texting? YES NO

EMAIL ADDRESS: _____

AUTHORIZED PICK-UP NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List names of those NOT authorized to pick up:

STATEMENT OF PERMISSION AND RELEASE

I give my child permission to participate in activities sponsored by the Greeneville Cumberland Presbyterian Church, including, but not limited to activities that require transportation off of the church property. I understand that all volunteers and staff of GCPC will have my child's best interest and safety in mind while I am not present. I hereby release all staff and volunteers from any legal action on my behalf in the event of an accident.

I understand that my child's picture may be taken while participating in church related functions by the staff and/or volunteers of GCPC. I give the church permission to use my child's image in promotional materials for future church related functions.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____