



Christian Education
Student Information Sheet

Blanket Parent Permission Slip
Medical Release Form

I/We, \_\_\_\_\_ the undersigned, parent(s)/guardian(s) of

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Student(s) full name(s)

grant permission for my child(ren) to travel with The Presbyterian Church of Traverse City (PCTC) Student Groups on trips and to special activities during the 2021-2022 school year.

I/We understand and believe the necessary precautions and plans for the care and supervision of children during each trip will be taken. I/we understand a copy of this permission slip will be on file at PCTC with a copy also taken by the PCTC representative(s) on all trips or special activities my child(ren) may participate in.

I/we also designate temporary guardianship to representative(s) of PCTC during these trips or special activities. In case we cannot be reached during an emergency, the PCTC representative(s) may grant permission for our child(ren) to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care during the time they are with the Student Groups.

Additional Person to contact in case of emergency: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

PCTC recognizes the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization. PCTC would like to ask for your consent to take photographs/videos of your child(ren) and add your contact to our email list. If you become aware that these images are being used inappropriately you should inform PCTC immediately. We also host events virtually and would like to invite your child(ren).

I give permission for my child(ren) to be photographed or recorded for use in church posts on the website, in publications and/or on social media platforms as well as for you to contact me via email.: Yes: \_\_\_ No: \_\_\_

I give permission for you to email myself and my child(ren) when our email is provided.: Yes: \_\_\_ No: \_\_\_

I give permission for my child(ren) to participate in virtual activities safely hosted by the church.: Yes \_\_\_ No \_\_\_

I give permission for you to text myself and my child(ren) when our phone number is provided.: Yes: \_\_\_ No: \_\_\_

Household Information

First Contact:

Name \_\_\_\_\_
Circle One: Parent Guardian Grand Step
Or Other \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Second Contact:

Name \_\_\_\_\_
Circle One: Parent Guardian Grand Step
Or Other \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Home Phone (If Different) \_\_\_\_\_
Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Nick Name \_\_\_\_\_  
Gender Identity \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_  
Child's Email Address \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

Allergies? Y / N Explain \_\_\_\_\_  
\_\_\_\_\_

Please list all Medical Concerns and Current Medications:  
\_\_\_\_\_

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Nick Name \_\_\_\_\_  
Gender Identity \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_  
Child's Email Address \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

Allergies? Y / N Explain \_\_\_\_\_  
\_\_\_\_\_

Please list all Medical Concerns and Current Medications:  
\_\_\_\_\_

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Nick Name \_\_\_\_\_  
Gender Identity \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_  
Child's Email Address \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

Allergies? Y / N Explain \_\_\_\_\_  
\_\_\_\_\_

Please list all Medical Concerns and Current Medications:  
\_\_\_\_\_

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Important Information concerning your family (i.e. developmental issues, custody, etc).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that all of the above is true and complete to the best of my knowledge. My child(ren) listed above is in good health and has no other restrictions. I also grant permission for the staff of The Presbyterian Church to seek emergency medical treatment if necessary.

**\*\*\*\*Must be signed\*\*\*\***

Signed: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*Any Additional children, please fill out another sheet\***