

The Congregational Church of Topsfield, UCC

9 East Common Street, Topsfield, MA 01983; Telephone: 978-887-2101

Medical Consent for Sunday School, Youth Group events and Photo Permission

Name of Child/Youth:		Birth Date:	Gender Identity:
Primary Address of Child/Youth:		Home or Cell Phone(s):	
Name(s) and Address (if different from above) of adult(s) responsible for child/youth while at Church :			
1)		2)	
1)Relationship to Child/Youth _____		Cell Phone _____	Email _____
2)Relationship to Child/Youth _____		Cell Phone _____	Email _____
Name of 1 st Level Emergency Contact (parent or guardian):			
Relationship to Child/Youth:		Cell Phone:	
Name of 2nd Level Emergency Contact (parent or guardian):			
Relationship to Child/Youth:		Cell Phone:	
Child/Youth's Physician:		Phone Number:	
Insurance Carrier:		Policy Number:	
Name of Insured:		Date of Last Tetanus Shot:	
Allergies/Special Conditions:			
What else would you like to tell us about your child that would be important for us to know?			
** If your child/youth is going on a trip with the church, you must provide a physical signed by a doctor dated within the last 13 months**			
		Current Physical attached	<input type="checkbox"/>
Is your child allowed to take his/her own medications? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>I give my child permission to administer his/her own medication(s). Signed: _____</i>			
Medication(s):		Dosage/Frequency:	
<p>I, the undersigned, parent/legal guardian of _____, do hereby consent to any medical treatment necessary in the case of an emergency. This consent will remain effective for one (1) year from the undersigned date. Delivered to said persons entrusted with the care, custody, and control of said minor child. I understand that it is my responsibility to inform the Congregational Church of Topsfield for any changes to the information provided above. I also understand that any and all medical expenses incurred are my responsibility and that there is not a medical insurance coverage provided by the Congregational Church of Topsfield.</p>			
(Signature of parent/guardian) _____		(Date) _____	

Child/Youth's Name:	In Fall of <input style="width: 50px; height: 20px;" type="text"/> will be entering Grade:
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Child/Youth's Parents'/Guardian's Relationship to the Church (Please check one):

Member
 Non-Member
 Prospective Members
 Activities Only; If you checked off this box...

...do you attend a different church?
 No
 Yes - Name of Church: _____

Volunteer opportunities of time and talent:

My child is interested in singing in a choir and/or plays an instrument...

Please contact me about volunteer opportunities in Sunday school/youth groups.

My child would like to be a lay reader.

Are there other things you or your child might like to help out with at church?

What else would you like to tell us about your child that would be good for us to know?

Permission to Use Photographs

I grant:
 I do not grant:

The Congregational Church of Topsfield, its representatives and employees may take photographs of my child and their property in connection with church school and youth group activities. I authorize the Congregational Church of Topsfield, its designees and transferees to copyright, use, and publish the same in print and/or electronically. I agree that the Congregational Church of Topsfield may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above,
 Signature and date, parent or guardian: _____

Parents/Guardians: Please complete all fields and email or mail completed form to the CCT office at office@topsfildchurch.org, 9 East Common Street, Topsfield, MA 01983. Thank you! Questions? 978-887-2101