

SPRINGDALE PRESBYTERIAN CHURCH 7812 Brownsboro Road, Louisville, KY 40241 – (502) 425-1760

Student Information and Authorizations

Parents/guardians of students from Pre-K through 5th grade and 6th through 12th grade please complete the student information section (page 1) and authorize permission for medical treatment and use of photography (page 2.) Middle and high school youth participants have one additional participation and transportation authorization (page 2.)

Student Information

Name: _____ Age: _____ DOB: _____

School 2017-18: _____ Grade _____

School 2018-19: _____ Grade _____

Current medication(s): _____

Allergies (include food, drugs, seasonal, etc.): _____

Medical concerns (include heart, lung, diabetes, neuro-atypical etc. history): _____

Dietary needs (vegetarian, vegan, gluten-free, etc.): _____

Date of last tetanus shot: _____ Are immunizations up to date? _____

Doctor: _____ Phone: _____

Health Insurance Company: _____

Policy #: _____ Name of Policy Holder: _____

Names of Parents/Guardians: _____

Address(es): _____

Parent/guardian’s phone: Cell _____ Home _____ Work _____

Parent/guardian’s phone: Cell _____ Home _____ Work _____

Emergency Contact (additional responsible adult to contact if parent or guardian cannot be reached):

Name: _____ Phone(s): _____

Medical Treatment Authorization (all students pre-K through grade 12)

In the event of a medical emergency involving my child, I understand that every attempt will be made to contact me, the other parent, guardian or responsible adult listed above. In the event that no parent, guardian or designated responsible adult can be reached by the phone numbers provided, I authorize the adult leaders of Springdale Presbyterian Church to act as my agent to consent to such examination, care or treatment as may be deemed appropriate by qualified medical professionals licensed to practice under the laws of the state/country where their services are rendered. I further agree to pay the normal and customary charges for such medical examination, care or treatment.

Parent/Guardian Signature: _____

Witness: _____

Date: _____

Use of Photography/Videography (all students pre-K through grade 12)

I understand that photographs/videos may be taken during activities sponsored by Springdale Presbyterian Church for use in church publications including newsletters, website, social media and other print or electronic communications. By permitting my child to participate, I consent to the use of his/her image for these purposes with the understanding that he/she will not be named or otherwise personally identified. *(If you have a specific need to withhold consent for the use of photographs/videos, please contact the Spiritual Nurture Coordinator or Youth Coordinator to discuss ways we can accommodate your family's needs.)*

Parent/Guardian Signature: _____

Witness: _____

Date: _____

Participation and Transportation Authorization for Presbyterian Youth Connection (Grades 6 through 12)

I grant permission for _____ (child's name) to participate and to travel with the Springdale Presbyterian Church (Louisville, KY) Youth Connection to and from and during youth group activities. I understand that the group may be traveling by plane, train, bus, van or private automobile. I also authorize the adult leaders of Springdale Presbyterian Church to act as my agent to consent to emergency transportation.

Parent/Guardian Signature: _____

Witness: _____

Date: _____