

# Shepherd of the Hill Presbyterian Church (USA)

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## ACTIVITY PERMISSION FORM FOR 2019-2020

I, the parent/legal guardian of my child: \_\_\_\_\_ hereby give my permission for his/her participation in activities (including but not limited to Sunday school classes and youth groups) with Shepherd of the Hill Presbyterian Church. I agree to direct my child to cooperate and conform to directions and instructions of personnel responsible for these activities. I release Shepherd of the Hill Presbyterian Church, it's staff, volunteers, and other representatives, from any responsibility in case of accident, illness, or injury during his/her participation in any youth activities or subsequent travel to and from.

I hereby authorize any hospital, licensed physician and/or my child's personal physician to administer emergency treatment to my child in case of injury or sudden illness deemed necessary and appropriate by the physician. *Effective September 1, 2019-August 31, 2020.*

Parent's or Legal Guardian's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*I authorize the making of photographs, videos, and recordings memorializing the youth activities of Shepherd of the Hill and my child's participation therein, with no compensation or right to limit control or use. Note: Children are not identified by name on social media.*

\_\_\_ Yes \_\_\_ No

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents or Legal Guardian's Name(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Special Attention necessary (allergies, medications, medical conditions, etc.) \_\_\_\_\_

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