

# Child Information Form 2024 - 2025 PROGRAM YEAR

ANNUAL PERMISSION AND RELEASE FORM

OLD SOUTH CHURCH IN BOSTON

(confidential)

## Child's Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Goes By Name? \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Grade if in School: \_\_\_\_\_

School Name: \_\_\_\_\_ Town: \_\_\_\_\_

Allergies and/or Needs: \_\_\_\_\_

\_\_\_\_\_

Child's Primary Care Physician \_\_\_\_\_ Phone: \_\_\_\_\_

**Photo Release:** We often share pictures of our ministries in internal and external publication media including printed posters, email, or our webpage. May photographs in which your child is pictured be published in this manner? We do not include identifying information like name or age.

Yes, you may use my child's photo.  No, my child's photo may not be used.  Please ask each time.

## Parent/Guardian Information:

Full Name(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

*By providing an email address, you are agreeing to receive information about Old South Church's ministries.*

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

Cell Phone (1) \_\_\_\_\_ Cell Phone (2) \_\_\_\_\_

**Permission to Travel:** I give my permission for Old South Church in Boston staff and volunteers to travel by foot with my child, away from the Old South Church building, for church school events.

Yes  No

**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that we are unable to reach parents in case of emergency, I give my permission for Old South Church in Boston to seek medical care for my children with the understanding that they will continue attempts to reach parents (first) and emergency contacts (second).

\_\_\_\_\_  
(signed by both parents/guardians, if applicable)

\_\_\_\_\_  
(Date)