



First Presbyterian Church
308 S 8th St. Salina, KS 67401
785-825-0226

Faithful Bible Investigators (FBI) Children's Christian Education Program

Name: First _____ MI _____ Last _____ Male Female

Grade _____ School _____ Birthdate ____/____/____

Parents/Guardians: 1. _____ Cell Phone # _____

2. _____ Cell Phone # _____

Home Address: Street _____ City _____ State _____ Zip Code _____

Parent's Emails _____/_____

Home Phone # _____ T-shirt Size (circle)- Child Sizes: S M L Adult Sizes: S M L XL XXL

In the event a Parent/Guardian cannot be reached: Alternate Emergency Contact _____

Relationship to Child _____ Cell Phone # _____

FPC's Faithful Bible Investigator Permission Slip and Medical Authorization

I hereby give my complete and explicit permission for my child, _____, to attend the First Presbyterian Church of Salina, KS (FPC) Children's activities, events, field trips, and mission opportunities. I agree to direct my child to cooperate and conform with directions and instructions of the supervisors in charge of the children's program. I authorize the staff of FPC (paid or volunteer) to take any reasonable action designed to help insure the safety, health and welfare of my child and absolve the staff of any liability relating to such actions. In the event that my child is injured as a result of participating in an FPC children's activity, including his/her transportation to and from said activity, I also authorize the staff of FPC (paid or volunteer) to take any reasonable action to obtain emergency medical care for the identified child, and absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my child's health when I cannot be easily contacted. I also agree to be responsible for any medical expenses not covered by my insurance.

I understand and agree that I may revoke this General Permission and Medical Authorization at any time by delivering a written revocation to the office at First Presbyterian Church, Salina, KS.

Special/Medical Conditions (including allergies, dietary restrictions, medical conditions, etc.) _____

Current Medications _____ Date of Last Tetanus _____

Current Treating Physician _____ Phone # _____

Health Insurance Company _____ Name of Insured _____

Identification/Policy Number _____ Group Number _____

Parent/Guardian Signature _____ Date ____/____/____

Photography & Social Media Permission

Printing Names: It is the policy of First Presbyterian Church, Salina, KS (FPC) to never publish names of minors, without explicit parental permission, in our *external* publications. I give my permission to FPC to publish my child's first and last name, _____ in the following ways:

- In the worship bulletin, posted on the church website, when my child is leading and/or has a specific role.
- In the church newsletter with the monthly list of birthdays, which is also posted on the church website.
- In a Facebook post to wish my child a "Happy Birthday." (Note: Profiles will not be linked to the post.)

Photographs/Videos: I give my permission to FPC to use pictures and/or videos of my child, (taken during participation in events of FPC) in the following manner (*Please check ALL that apply*):

- Used in internal church publications, including brochures and bulletin boards.
- Used in external church publications, including *The News* and the church website (www.fpcsalina.org).
- Used on social networking sites/pages managed by FPC (i.e. Facebook, Twitter, Instagram, etc.)
- Never used in internal or external publications.

Parent/Guardian Signature _____ Date: ____/____/____

Additional Comments

Please feel free to utilize the space below to state any other information you feel is important for our leaders to know regarding your child.

Please Note:

- **There is NO MONETARY FEE for the 2015-2016 FBI Education Program.**
- **Donations for snacks will be accepted year round. If you wish to donate, please drop off kid suitable snacks at the FPC Main Office.**

To be completed by a staff member...

Form Accepted by: _____ Completed Form Accepted On: ____/____/____