Winnetka Presbyterian Church

2009-2010 Emergency Contact & Photo Release Form

Please complete both sides of this form and return to Rev. Mockaitis by Sept. 15, 2009.

Date _____

Family Last Name_____

Parent Cell (name)_____
Parent Cell (name)_____
Home Phone_____
Parent Work_____
Parent Work_____

Address_____**City**_____**Zip Code**_____

Child First Name (and last if different from above)	Birthday	Grade (fall, '09)
Child_____	____/____/____	_____
Child_____	____/____/____	_____
Child_____	____/____/____	_____
Child_____	____/____/____	_____

Parent_____ **email** _____
(or legal guardian)

Parent_____ **email** _____
(or legal guardian)

Please asterisk the email address you would like us to use for general correspondence & special events.

Allergies and Special Medical Conditions (specify for each child):

Emergency Contacts:

Name_____ **Phone**_____**Relationship**_____

Name_____ **Phone**_____**Relationship**_____

Permitted to pick up child(ren):
(please give name & relationship) _____

_____

Physician #1: _____ **Phone** _____

Physician for which child(ren)? _____

Physician #2: _____ **Phone** _____

Physician for which child(ren)? _____

Medical Insurance Carrier _____ **Insured** _____

Policy/Group #_____ **ID #**_____

Any additional information you would like us to have about your child(ren) or family:

This form is required of all participants in Sunday School and fellowship activities for children and youth, including field trips and off-site activities in the Chicagoland area. Separate permission is required for overnight trips, mission trips, or events outside the State of Illinois.

I give permission for my child to participate in young people's activities at Winnetka Presbyterian Church, including field trips off church property. In the event my child requires emergency medical treatment, if I cannot be contacted, I authorize Winnetka Presbyterian Church and its representatives to act for me in seeking and consenting to medical treatment on behalf of my child, and I give my permission to those administering emergency treatment to do so using those measures deemed appropriate in accordance with reasonable medical judgment. To the fullest extent permitted under Illinois law, I release Winnetka Presbyterian Church, its representatives and volunteers from liability arising out of or in connection with any such actions taken on my behalf.

Signature_____ **Date**_____

******Photo Release Statement *********

I give permission to Winnetka Presbyterian Church to use unidentified pictures of my children for publicity purposes. I understand that children's names will never be used in conjunction with the photos.

Parent name _____ **Date** _____

Mail to: Winnetka Presbyterian Church: 1255 Willow Road, Winnetka, IL 60093