



**Parental Consent for Medical Treatment
for 2019-2020 School Year & Summer**

I give permission for my child, _____, to join the Kids@Faith programs at Faith Presbyterian Church of Tallahassee, Florida, on church-sponsored events. I hereby release Faith Presbyterian Church, its staff and adult representatives, from responsibility and liability for any injury or illness that my child may sustain during an event. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state where services are rendered, either at doctor's office or in any hospital. I expect to be contacted as soon as possible.

Date: _____

Parent/Guardian Signature

Faith Presbyterian Church will have photographers and videographers on campus to capture the FPC experience. Your child may be photographed or video recorded for publicity purposes. By signing below you hereby give the Photographer/Filmmaker and Faith Presbyterian Church your permission to license the images and to use the images in any media for any purpose which may include, among others, advertising, promotion, marketing and packaging for any product or service.

Date: _____

Parent/Guardian Signature