

American Reformed Church – Children & Youth Ministries

Emergency Contact, Photography and General Activity & Transportation Permission Form

We view ourselves as partners with parents, seeking to provide the highest quality care and instruction in our youth and children’s ministries. Even though no system is fail-safe, American Reformed Church’s guidelines are designed to protect and promote growth for each child and adult involved.

Parent’s Name(s): _____

Address: _____ E-mail(s) _____

Contact number(s): Home _____ Mom Cell _____ Dad Cell _____

Student’s Information:

Name	Age	Grade	DOB	Child’s Phone & Email <small>(If they have their own)</small>	Food Allergies/ Medical Info	Check Program Participation		
						<small>Sunday School Toddler - 12th Grade</small>	<small>Pioneer Clubs Kindergarten - 6th Grade</small>	<small>Jr/Sr Youth Group 7th - 12th Grade</small>

Emergency Contact Name & Number: _____

Along with regular ARC programming, students will participate in activities not held at American Reformed Church also. Accordingly, I give my child(ren) permission to attend the activities of American Reformed Church regardless of location and be transported by the adult leaders from the church to off-campus activities and back to the church. Should additional transportation arrangements be required or an unanticipated situation arises, I hereby give the adults responsible permission to use their judgment in obtaining or providing transportation for my child(ren). Should it be necessary for my student(s) to have medical treatment, I understand that every effort will be made to contact me or the emergency contact. In the event the person(s) noted above cannot be located, I hereby give my consent for the adult leaders at American Reformed Church to administer first aid or call for emergency care for my child(ren) under extreme conditions. I also give permission to the physician selected to render necessary and appropriate medical treatment. I will not hold American Reformed Church, the staff of American Reformed Church, or any adult leaders responsible for anything that happens to my child(ren).

I recognize my child(ren) are participating in these youth programs/events at our own risk and by being involved we assume the risk of the possibility of being exposed to a variety of communicable diseases, including the COVID-19 virus.

Check if you **DO NOT** authorize use of photos/videos of the child(ren) listed for lawful purposes associated with American Reformed Church’s programming.

Parent/Guardian Signature: _____ Date: _____

(typing your name and submitting this form is the equivalent of a manual signature)