## 2023 First Presbyterian Church of Santa Barbara parental consent, medical authorization and release, and photo/video release for Youth Ministries and Children's Ministries, including Presbycamp and Club 456

			phone numbers (belongs to and #)
Minor child			1
			2
Street address			3
City and zip code			emails 1
			2
Date of Birth	grade in fall 2022		3
First Presbyterian Ch so conducted.  If a parent, exist, the undersigned behalf of the undersig advisable and render any such representat surgeon, or dentist to sonable charges inculess there from.  To the exter as set forth herein, with as may be impose I authorize  NOTE: This	urch, Santa Barbara. We family physician, or dentised parent or guardian of the gned, to consent to any x-red by any licensed hospitative or office of the Church proceed with such medical red as a result of any such that any applicable law the hereby agree to indemnid upon any of them.  First Presbyterian Church is consent must be signe	truther authorize our minor child to cannot be contacted promptly, minor child named above herekay, anesthetic, medical, surgical al. This authorization is given in a to give the above described con al or dental treatment as he/she h medical or dental treatment ar prevents or prohibits the unders ty and hold harmless the Church to use printed, digital and video d by both parents unless one	to child named above to participate in all events con ducted by to travel with representatives of the Church to any such events, and a medical or dental emergency has been determined to aby has authorized any representatives of the church for and on al, or dental diagnosis or treatment and any hospital care deemend advance of any such required care for purposes of empowering ansent for any such medical, or dental treatment as any physician are may deem advisable. We hereby agree to pay any and all reatment to hold the Church and its representatives and official harmsigned release of the Church from any liability to our minor child the and its representatives and officials of and from any such liability to images of my child in its publications.
Mother's na		t the phrase "legal custody" k	date
Wollier S fia	яте ртпеч	mother's signature	uale
Father's na	me printed	father's signature	date
Physician's	name	insurance	e provider

group or policy number

Physician's phone number