

Please fill in and return to the church office

**First Presbyterian Church, Rome.GA
Children's Ministry
Medical Release & Discipline Agreement Form**

I, _____ being the parent of:

_____ do hereby appoint First Presbyterian Church, 101 East Third Avenue, Rome, GA 30161, to act on my son's/daughter's behalf in authorizing unexpected medical care. I give permission for the CAMP Nurse, Mrs Marcia Abernathy, to give OTC medications and to treat minor cuts with OTC medications. I will see the Nurse before departure to hand to her my child's prescription medications (in original packet) and I give her permission to give it to my child as prescribed on the original medicine bottle.

Parent/Guardian signature _____

Parent/Guardian cell number _____

If unable to reach me, please contact:

Name	Cell number

Discipline Agreement and Picture Permission

I, _____ hereby agree to pay for any damages that I may cause to property, goods or other things which I do not own. I will pay for any lost or stolen equipment for which I am responsible. I give Mrs. Andréa and a witness the right to search through my luggage if I am suspected of stealing. I understand that cell phone is not allowed and will use just in the bus and to "check-in" with my parents. I or my parents agree to also pay for any travel expenses incurred due to a discipline problem which Mrs. Andréa deem serious enough to send me home.

I, as parent or guardian, give permission for video and pictures to be taken of my child and displayed in house; FPC Children's Ministry website or FPC Church bulletin boards and in house posters.

Student signature _____

Parent signature _____