Route 56: 2016-2017 PERMISSION FORM

Child's Name		_ Parent's Name	
Address		City	Zip
Home#	Cell#	E-mail	

Known allergies: _____

Date:

I grant permission for my child to participate in the 2016-2017 Route 56 events including any transportation involved, and hereby waive any and all liability with respect to any accident, illness, or injury suffered by my child in connection with Route 56 transportation or activities.

If my child should require emergency medical treatment during travel or at the church, and at a time when it is impossible or impractical to obtain my prior consent, I hereby give authorized persons full authority to give consent on my behalf to any emergency medical treatment by qualified medical personnel (including, without limitation, hospitalization and emergency surgery) which may be deemed necessary to protect the life, health and welfare of my child.

Parent's Signature	Date	
Emergency Phone # (if different)		
	Phone #	
To GRANT permission to use your	child/children's pictures	
Ι,	(Please print your name)	
-	byterian Church to publish photos or video of my child(ren), (Please print child or children's	
names) in the church's various forms of publications or on the church's various websites. I give Preston Hollow Presbyterian Church the perpetual, royalty-free right to use my photo(s) in any manner including but not limited to publications and websites. I understand that if I give notice to the communications department that I object to any particular picture on the website, it will be removed as soon as possible.		
Date:		
To REFUSE permission to use your	child/children's pictures	
I,	(Please print your name)	
	ow Presbyterian Church to publish pictures or video of my (Please print child or	
children's names) in any publications or on the	ne church's various websites.	