

Child Information Form 2025 - 2026 PROGRAM YEAR

ANNUAL PERMISSION AND RELEASE FORM

OLD SOUTH CHURCH IN BOSTON

(confidential)

Child's Information:

Last Name: _____

First Name: _____ Goes By Name? _____

Date of Birth: (mm/dd/yyyy) _____

Grade if in School: _____

School Name: _____ Town: _____

Allergies and/or Needs: _____

Child's Primary Care Physician _____ Phone: _____

Photo Release: We often share pictures of our ministries in internal and external publication media including printed posters, email, or our webpage. May photographs in which your child is pictured be published in this manner? We do not include identifying information like name or age.

☐ Yes, you may use my child's photo. ☐ No, my child's photo may not be used. ☐ Please ask each time.

Parent/Guardian Information:

Full Name(s): _____

E-mail(s): _____

By providing an email address, you are agreeing to receive information about Old South Church's ministries.

Address: _____

Cell Phone (1) _____ Cell Phone (2) _____

Permission to Travel: I give my permission for Old South Church in Boston staff and volunteers to travel by foot with my child, away from the Old South Church building, for church school events.

☐ Yes ☐ No

Emergency Contact: _____ Phone: _____

In the event that we are unable to reach parents in case of emergency, I give my permission for Old South Church in Boston to seek medical care for my children with the understanding that they will continue attempts to reach parents (first) and emergency contacts (second).

(signed by both parents/guardians, if applicable)

(Date)