Community Presbyterian Church (2025/2026)

Child or Youth Registration Form

CONTACT INFORMATION   Today's Date: _____

Name of minor : _____Birthdate: _____

Address: _____

City: _____Zip: _____

School: _____Grade: _____

Cell phone of minor: _____

e-mail of minor: _____

Parent/guardian   name:_____

  (circle preferred   email: _____

   Way to contact)   cell number: _____

                               Other phone number: _____

Second parent/guardian name: _____

    (circle preferred   email: _____

    Way to contact)   cell number: _____

                         Other phone number: _____

Emergency Contact Person different from the names above

                        Name: _____

                        Cell number: _____

PHOTOGRAPHY RELEASE

I, the legal parent/guardian of _____, hereby authorize and consent
to the use of images or videos of my child/children listed above, with or without their name(s), by
Community Presbyterian Church of Vallejo, CA for purposes including but not limited to: promotional
materials, printed publications, internet posts including social media, television, and other media sources.
I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I
release Community Presbyterian Church of Vallejo, CA, its officers, trustees, employees, and agents from
liability for any claims by me or any third party in connection with the use of the image of my child/children
listed above.
Signature: _____

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Printed Name: _____

Date: _____

MEDICAL CARE POLICY OF COMMUNITY PRESBYTERIAN CHURCH

Injuries

If a child or youth is injured while under our care, the following steps shall be followed:

1. For minor injuries, scrapes, and bruises, workers will provide First Aid (Band-Aids, etc.) as appropriate and will notify the child's parent or guardian of the injury when the child is picked up from our care.
2. For injuries requiring medical treatment beyond simple First Aid, the parent or guardian will immediately be summoned in addition to the worker's supervisor. If warranted by circumstances, an ambulance will be called.
3. Once the child has received appropriate medical attention, an incident report will be completed in the case of injuries requiring treatment by a medical professional.
4. Ministry coordinators and supervisors who become aware of an injury to a worker or participant will ensure that proper medical attention is given to the injured person and provide for continuous monitoring of the remaining participants.

Medication Guidelines

The policy of Community Presbyterian Church is not to administer prescription or non-prescription medications to the children under our care. Medications should be administered by a parent at home.

AUTHORIZATION FOR MEDICAL TREATMENT

I, (NAME OF PARENT OR GUARDIAN OF MINOR) _____, am the parent or legal guardian of (NAME OF MINOR)_____ (hereinafter "my child"), who was born on , _____. My child is attending and participating in activities at (Community Presbyterian Church located at 2800 Georgia St, in the city of Vallejo, the county of Solano and State of California beginning on the day of ._____.

I hereby authorize the Pastor/Ministry Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

Signature: _____

Printed Name: _____

Date: _____

MEDICAL INFORMATION

Medical/Health Insurance Company Insurance Policy No. _____

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Allergies/Allergic reactions of my child _____

Medicine being taken by my child _____

Other information regarding my child's health that a doctor should know _____

_____