

THE FIRST PARISH CHURCH IN WESTON
Field Trip/ Photography & Video
Parent Permission Slip for 2006-2007

I give permission for my child(ren): _____

to accompany (his/her/their) grade(s) on all field trips during this Church School year.

I will receive prior notification of each specific trip, including date, time, chaperones, driver, and trip destination.

I understand that parents and/or teachers will accompany the group and arrange for transportation.

I am aware that effort will be made to contact me, through home and emergency telephone numbers, in case of an illness or accident involving my child(ren). However, if it necessary for a physician or nurse to attend to my child(ren) before I can be reached, (he/she/they) may have emergency medical attention at my expense.

I am aware that the First Parish Church in Weston has insurance policies providing protection in a variety of circumstances, and that copies of the policies are kept in the church office in case I should wish to see them.

All students must have written parental permission to be photographed or videotaped and to appear in any First Parish Church publications, displays, or website.

I am aware that no student's name, email address, street address, or telephone number will be published.

I will be notified how my child's picture will be published – he/she/they may be identified by the class group (1-4th graders) or by the title "students in our First Parish Church School" unless I give instructions otherwise.

I GIVE/ DO NOT GIVE permission for The First Parish Church in Weston to photograph or videotape my child(ren).

I GIVE/ DO NOT GIVE permission to use photographs or videotape footage in publications such as our Parish Post newsletter, e-Parish Post, RE bulletin boards and/or other official written communications such as the RE Prospectus, Church Directory, The Weston Town Crier.

I AGREE/ DO NOT WANT that my child(ren)'s picture can be published on The First Parish Church in Weston web page or Internet, www.firstparishweston.org

Parent

Signature _____ **Date** _____

Parent Name (please print legibly) _____

EMAIL ADDRESS _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Alternate Emergency Contact: _____ **Phone:** (____) _____

Please note any special allergies (medicines, bee stings, foodstuffs, etc.) or any other medical problems which might require attention:

Child's Name/Age _____ **Grade in School '06-07** _____ **Allergies/other medical conditions** _____

