

FAITH SALT STUDENT MINISTRY

TECH CONSENT/EMERGENCY INFO (YEAR 2025)

Student's Name: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

Parent(s) Name(s): _____

Technology Consent

I give permission for my child's likeness to be taken by picture or video for use in promotional materials for events, on the FAITH Glen Burnie website and via all FAITH Glen Burnie social media outlets. As you are aware, there are potential dangers associated with the posting of information on a website since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we as a youth ministry want to celebrate our activities and spread interest to others. The law requires that we ask your permission to use the likeness of your child. Pursuant to law, we will not use your child's likeness without prior consent from you as parent or guardian.

Parent or Guardian Signature

Parent or Guardian Printed Name

Emergency Medical Information

Emergency Contact Name: _____

Cell Number: _____ Relationship to Participant: _____

Insurance Provider: _____ Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Insurance Phone Number: _____

Medications: _____

Allergies: _____

Other info: _____