



FIRST PRESBYTERIAN CHURCH

Raleigh CHILDREN

COVENANT + MEDICAL FORM | 2026 - 2027

First, Middle and Last Name ↑	Goes by	Date of Birth (MM/DD/YYYY)
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Address	City, State, Zip
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Grade for 26-27	School	Calendar (Trad., YR, Mod. Year Round)
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Food Allergies?	Allergies to medications?	Epipen carried?
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Current medications and dosage

Parent Name (first and last)	Parent Cell	Parent Email
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Parent Name (first and last)	Parent Cell	Parent Email
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Tell us about your child

- What brings your child joy?
- How can we best support them if they happen to get frustrated?
- Is there anything about your child that we should know as we begin the year together?

C O V E N A N T

[Please read and sign with your child.]

As part of the children's program at First Presbyterian Church, I promise to do my best to help create a safe, welcoming community that reflects God's love for everyone.

- I will treat others, children and adults, with kindness and respect.
- I will listen to and follow the directions of adult leaders.
- I will take care of the space and everything in it.
- I will try to be a good example to my friends and love others the way Jesus loves us.

I understand that if I have trouble following this covenant, adult leaders will talk with me to help me make better choices. If the problem continues, my parents or guardians will be contacted so we can work together to find a good solution. If the behavior still doesn't change, I may need to take a break from attending for a while.

Child Name

Child Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

W A I V E R

I, the undersigned parent/guardian, give permission for my child to participate in FPC Raleigh Children's Ministry events. I am aware of and approve of the planned costs (if any), dates, places, and activities. I understand the degree of risk (if any) involved in these events and because I trust the adult supervision and my child, I hereby release First Presbyterian Church of Raleigh, NC and the adult leadership from liability for any injury or problem occurring during my child's participation. I give my permission and will accept financial responsibility for my child to be examined and treated by a qualified physician in case of emergency. I understand that I will be contacted as soon as possible concerning any medical or behavioral issue with my child.

Parent/Guardian Name

Parent/Guardian Signature

Date

*FPC events will be photographed to celebrate our ministry.
If your child cannot be photographed, please contact the church in writing.*



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