

Youth Ministry Universal Permission Form

St. Paul's Episcopal Church

510 West Main Street, Franklin, TN 37054

Effective Dates: August 1, 2018 – July 31, 2019

A completed Universal Permission Form is required in order for any youth in 6th-12th grades to participate in a St. Paul's sponsored youth ministry event. Once submitted, this form is kept on file until the expiration date above. Provide the youth minister updated information as changes occur.

Youth Information *(please print)*

Youth's Name _____

Nickname _____ Grade _____

DOB _____ School _____

Male/Female _____

Primary Address _____

Youth's Email _____

Youth Home Phone _____ Youth Cell Phone _____

Parent/ Guardian Information

Name(s) _____

Parent Email(s) _____

List ALL parent/guardians phone numbers in the **best order to be reached** (please specify type i.e. home, dad's cell):

Phone #1 _____ Type? _____

Phone #2 _____ Type? _____

Phone #3 _____ Type? _____

Phone #4 _____ Type? _____

Phone #5 _____ Type? _____

Non-Parent Emergency Contacts

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

Parental Consent (Read and sign below)

The undersigned does hereby give permission for my child _____ (**child's name**) (**"Participant"**), to attend and participate in any St. Paul's youth ministry activities, events, and retreats during the period of August 1, 2018 – July 31, 2019.

LIABILITY RELEASE: In consideration of St. Paul's allowing the Participant to participate in youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Ascension, its pastors, directors, employees, volunteers and teachers (collectively

herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved and licensed ADULT chaperone (21 years of age or older) while attending and participating in activities sponsored by Ascension. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

PHOTO PERMISSION: During Youth Ministry events, staff or volunteers will sometimes take photos or video of youth participating in various activities. These images may be used by St. Paul's for online and/or print publications. Youth will not be identified by name in publications.

Yes. I give permission for my child's photos to be used as described.

No. I do not want such images published of my child.

X _____

Signature of Parent/Guardian

Date

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth's Full Name _____ DOB _____

PRIMARY CARE PHYSICIAN

Physician's Name _____

Phone(s) _____ Fax _____

Name of practice _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Copy of Insurance Card (required)— Paste/attach copy

MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication during a youth event. If this occurs, the youth will be sent home immediately at the parent/guardian’s expense.**

Medication Name Dose Treatment for Dispensing instructions

Example: Zyrtec 5mg Seasonal allergies Take one pill daily in the morning with food

Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.

Parent Signature _____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions of youth (asthma, knee injury, epilepsy, wears contacts, etc.):

2. List any allergies and the severity and type of reaction (drug/medicine, food, environmental):

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

Youth Ministry Covenant of Common Life

The following rules and guidelines are equally binding for youth and adult leaders/chaperones.

As a participant, I agree to live by the standards set for this event. I agree to participate fully in the programs and activities offered. I will avoid the use of foul language, cursing, or any speech which puts down, makes fun of, or stereotypes other persons or groups. I understand that there is no use or possession of alcohol, tobacco, illegal drugs or weapons of any kind. I understand inappropriate sexual behavior (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments) is not tolerated. In order to respect all participants' privacy, at no time may a male enter a female housing area or a female enter a male housing area. If I choose to violate these standards or am knowingly in the presence of others violating these standards, I will be sent home immediately at my own expense.

Youth Participant's (or Adult Leader's) Statement: By signing this form, I pledge to honor God and respect others during this activity by following the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

x _____

Youth Participant's (or Adult Leader's) Signature

Date

Parent/Guardian's Statement: By signing this form, I agree to support the Covenant of Community Expectations printed above, and will accept responsibility for the payment of my child's return transportation should s/he break one of the non-negotiable rules.

x _____

Parent/Guardian's Signature

Date