

Youth Ministry Universal Permission Form
St Paul's Episcopal Church
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Effective Dates: Sep. 1, 2025 - Aug. 31, 2026

A completed Universal Permission Form is required 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. Please provide the youth minister updated information as changes occur.

Youth Information: *(Please print)*

Youth's name: _____
Preferred Name: _____
DOB: _____ Grade: _____
School: _____ Circle: Male Female
Primary Address: _____
Youth's Email: _____
Youth's Mobile phone: _____

Parent/Guardian Information:

Name(s): _____
Parent/Guardian Email(s): _____
Parent/Guardian Mobile Phone numbers listed in best order to be reached:
Name: _____ Mobile number: _____
Name: _____ Mobile number: _____

Non-Parent Emergency Contacts:

Name: _____ Relation: _____
Number: _____

Name: _____ Relation: _____
Number: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name, **Participant**) to attend and participate in any St. Paul's youth ministry activity, event, and retreat during the period of Sep. 1, 2024 - Aug. 31, 2025.

LIABILITY RELEASE: In consideration of St. Paul's allowing the participant to participate in youth ministry (Sunday worship, Sunday meetings, Activities, Events, Retreats, Lock-Ins, Trip, etc.), I, the undersigned, do hereby release, forever discharge and agree to hold harmless St. Paul's, its clergy, directors, employees, volunteers, and teachers (collectively herein known as 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 youth activities. I, the legal parent/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 hereby give permission for my child to ride in any vehicle driven by a licensed and approved ADULT chaperone (20 years of age and older) while attending and participating in activities sponsored by St. Paul's. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES DURING TRANSPORTATION.

PHOTO AND VIDEO PERMISSION: During Youth Ministry events, staff or volunteers may take photos or video of youth participating in various activities. These images may be used by St. Paul's for on-line or print publications and social media outlets. Youth will not be identified by name in publications.

PLEASE INITIAL ONE:

_____ Yes, I give permission for my child's photo to be used as described.

_____ No, I do not want any images of my child published.

X _____

Signature of Parent/Guardian

Date

MEDICAL INFORMATION

Youth Information: *(Please print)*

Full Legal Name: _____

DOB: _____

Primary Care Physician:

Physician's name: _____

Physician's phone number: _____ Fax _____

Name of Practice: _____

Date of last Tetanus shot (required): _____

Dentist information:

Dentist's name: _____

Dentist's phone number: _____ Fax _____

Name of Practice: _____

Insurance Information:

Medical Insurance Company: _____

Phone: _____ P

olicy/Group

ID#: _____

Policy Holder's Name (please print): _____

Copy of Insurance Card (REQUIRED) - Please attach copy:

MEDICATION

Medical Conditions: *(Please answer in detail or write N/A. Please attach additional pages if necessary.)*

1. List any medical conditions of youth *(ex. Asthma, Knee injury, Epilepsy, Diabetes, Frequent upset stomach, etc):*
2. List any allergies, the severity, and the type of reaction *(ex. drug/medicine, food, environmental, insect, etc):*

Does the participant need an epi-pen on premises? Yes / No

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

4. Does participant wear glasses? Yes / No

Contact lenses? Yes / No

List of Medications:

List all medications the participant may take during any youth ministry event, trip, or retreat. This includes any prescriptions, non-prescription medication, 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 an event unless previously arranged with the adult youth leader. 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 at the parent/guardian's expense.**

Medication Name	Dose	Treatment for	Dispensing Instructions

Over-The-Counter Medication Permission:

Do you give permission for our 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?

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

If Yes, is one OTC medication preferred or one NOT to be dispensed? If so, please list: _____

OR

_____ **No**, Contact me or get medical help if my child has ANY medical concerns.

Parent/Guardian's signature: _____

YOUTH MINISTRY COVENANT OF COMMUNITY EXPECTATIONS

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

As a participant,

- I agree to live by the standards for this event.
- I agree to participate fully in the programs and activities offered.
- I will avoid the use of foul or violent language, threatening references to weapons or firearms, cursing, or any speech which puts down, makes fun of, or stereotypes other persons or groups.
- Bullying can include abusive language; offensive name calling; acts or threats of physical abuse; vandalism; theft or destruction of property. Bullying of any form is not tolerated and will be reported to church leadership.
- I understand use of or possession of alcohol, tobacco, illegal drugs, or weapons of any kind is not allowed.
- I understand that inappropriate sexual behavior (*defined as exposure, touching, or inappropriate references 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 any of 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 until 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 she/he break one of the non-negotiable rules.

X _____

Parent/Guardian's Signature

Date

SOCIAL MEDIA COVENANT

The St. Paul's EYG utilizes various social media platforms. Instagram is utilized for photo and information sharing. GroupMe is utilized as a group communication platform between members of the youth group and adult leaders.

As a participant by commenting on Instagram posts or sending messages on GroupMe,

- I will avoid the use of foul or violent language, cursing, or any speech which puts down, makes fun of, or stereotypes other persons or groups.
- I understand that any language suggesting bullying or abuse must be reported to church leadership.
- I understand that images shared to the St. Paul's EYG GroupMe account must be appropriate and respectful.
- I agree that images shared to the GroupMe may be used by St. Paul's for on-line or print publications and social media outlets. Youth will not be identified by name in publications.
- If I choose to violate any of these standards, I will be removed from the GroupMe or blocked by the Instagram account.

Youth Participant's (or Adult Leader's) Statement:

By signing this form, I pledge to honor God and respect others on social media and communications platforms by following the rules and guidelines printed above.

X_____

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

Date

Parent/Guardian's Statement:

By signing this form, I agree to support the Social Media Covenant printed above. I understand that my child will not be added to GroupMe without my permission.

PLEASE INITIAL ONE:

_____ Yes, I give permission for my child to be added to the St. Paul's EYG GroupMe.

_____ No, I do not want my child to be added the St. Paul's EYG GroupMe.

X_____

Parent/Guardian's Signature

Date