

# Elkin First Youth Ministry

## Universal Permission/Medical/Release Form

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### YOUTH INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

School: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Youth Email \_\_\_\_\_

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_



## MEDICAL INFORMATION

### PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_

Date of last Tetanus shot (required) \_\_\_\_\_

### INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

**Required:** copy of medical insurance

### 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.

Medication Name	Dose
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_____	_____
_____	_____

**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? \_\_\_\_Yes\_\_No

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

1. List any medical conditions you have: \_\_\_\_\_

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

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. \_\_\_\_\_

4. Special Diet (name): \_\_\_\_\_

# Elkin FUMC Youth Ministry

## Covenant of Community Expectations

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

### NON-NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- No sexual misconduct (defined as exposure/touching body areas normally covered by undergarments)
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- Will not break any American laws in the United States or any other country.

### GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions, always be with a buddy and stay in the building/area as a group.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

**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.

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

# Elkin FUMC Photo Release Form for Children and Youth

I agree that Elkin FUMC may photograph and record my child/dependent's likeness and activities (Images)<sup>1</sup> during church-related activities. I grant the following rights to Elkin FUMC : permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Elkin FUMC from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

x

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the state of North Carolina, County of Surry.

Signature: \_\_\_\_\_ Relationship \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally known by me and in my presence, executed the within and foregoing Elkin FUMC Universal Permission Form. Witness my hand and official seal.

My Commission Expires: \_\_\_\_\_

Notary Public

\_\_\_\_\_

<sup>1</sup> Image means all photographs, film, or other recordings taken of you as part of the Shoot.