

# 2020-2021 YOUTH PERMISSION FORM FOR YOUTH MINISTRY TRIPS & ACTIVITIES

Valid August 1, 2020 – July 31, 2021

## PERMISSION

My child, \_\_\_\_\_, may take part in field trips, retreats, mission trips, adventure trips, or any other activities under appropriate supervision of a representative of Westland and Lebanon FUMC.

\_\_\_\_\_  
Parent/guardian name

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
ZIP Code

## PARTICIPATION AGREEMENTS & CONSENT

I acknowledge that participation in youth ministry trips and activities involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in youth ministry trips and events ("the Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the sponsor or its agents, employees, volunteers, or other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any 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 of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for his/her (their) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Westland and Lebanon FUMC. In addition, I also give authorization for the church or the UMC's TN/KY Conference to use my child's first name, voice, likeness, photograph and video in program materials, promotional materials, and other works such as publications, video commercials and Internet display.

## NOTARY

Before me \_\_\_\_\_ (date), \_\_\_\_\_ (parent)

Personally known to me or who has produced \_\_\_\_\_ (Driv. Lic. #)  
As identification and who executed the forgoing instrument for the purpose therein expressed.

Notary Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_

STATE OF TENNESSEE )  
COUNTY OF WILSON )

# YOUTH MINISTRY COVENANT

I understand that when I participate in events with Westland and Lebanon FUMC, I am representing myself, my family, and my church. In order to be an active part of this community of faith I covenant to the following:

**1. I will protect the safety of myself and others (in our group and otherwise) by:**

- a. Respecting participant boundaries and actively seeking consent as needed with regards to touch, conversation, and all other forms of contact, and reporting it if I see others violating them \_\_\_\_\_
- b. Not bringing or using tobacco, vaping materials, alcohol, illegal substances, or medication not prescribed to me, and reporting it if I see others doing so \_\_\_\_\_
- c. No inappropriate touching or joking, and reporting it if I see others doing so \_\_\_\_\_
- d. No violence, weapons, dangerous items, or inappropriate use of everyday items that could hurt someone, and reporting it if I see others doing so \_\_\_\_\_
- e. Staying on-site with the group, and reporting it if I see anyone not doing so \_\_\_\_\_

**2. I will protect the relationships between myself and others (in our group and otherwise) by:**

- a. Welcoming all people into our activities (including diverse ages/grades, races, identities, abilities, and sizes) and avoiding exclusive behavior \_\_\_\_\_
- b. Creating a space comfortable for everyone by avoiding excessive PDA and maintaining language and discussion topics appropriate to everyone present \_\_\_\_\_
- c. Respecting youth of all identities and experiences with my language, treatment, listening, and attitude \_\_\_\_\_
- d. Actively taking care of the physical property and belongings of other youth, adults/leaders, and the host facility (leave it better than we found it!) \_\_\_\_\_

**3. I will show respect to my adult leaders and event leadership by:**

- a. Using an appropriate tone of voice at all times (no mocking, yelling, or muttering under my breath), and reporting it if I see anyone not doing so \_\_\_\_\_
- b. Doing what I am told to do right away, with a good attitude and no grumbling, and reporting it if I see anyone not doing so \_\_\_\_\_
- c. Abiding by the rules of the event at all times, and reporting it if I see anyone not doing so \_\_\_\_\_

**I understand that my leaders love and care for me; because of this they trust me and give me a great deal of freedom. I understand that if I do not abide by these guidelines, appropriate actions will be taken (up to and including being asked to leave the event and/or being prohibited from attendance at future events) and that my parents/guardians will be notified. I also understand that I may be sent home at the discretion of the adults at my parents'/caregivers'/guardians' expense.**

I, as a youth, have read this covenant, understand the expectations and implications, and agree to follow them.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

I, as a parent/guardian, have read this covenant, understand the expectations and implications, and agree to hold my youth accountable to them. I have discussed the covenant with my youth.

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

\_\_\_\_\_  
Date

# 2020-2021 Youth Medical Consent Form

Effective August 1<sup>st</sup>, 2019 – July 31<sup>st</sup>, 2020

Name of Youth \_\_\_\_\_

Insurance issued in the name of \_\_\_\_\_ Is coverage for dependents? \_\_\_\_\_

Medical/Health Insurance Co. Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Preauthorization Phone # \_\_\_\_\_

## To Whom It May Concern:

I (we), the undersigned do hereby give permission for my (our) child, \_\_\_\_\_ to attend and participate in activities sponsored by Westland and Lebanon FUMC. I understand that activities, such as sports, field trips and other activities, carry with them a certain degree or risk. I release and discharge Westland and Lebanon FUMC and its representatives of all actions, claims and demands, whosoever which claimant now has or may hereafter have arising out of any accident, casualty and/or event which might happen while on the premises of Westland and Lebanon FUMC.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any 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 of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for his/her (their) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Westland and Lebanon FUMC.

In addition, I also give authorization for Westland and Lebanon FUMC to use my child's first name, voice, likeness, photograph and video in program materials, promotional materials, and other works such as publications, video commercials and internet display.

## SIGNATURE(S): Please sign in blue ink in front of Notary

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTARY

Before me \_\_\_\_\_ (date), \_\_\_\_\_ (parent)

Personally known to me or who has produced \_\_\_\_\_ (Driv. Lic. #)  
As identification and who executed the forgoing instrument for the purpose therein expressed.

Notary Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_

STATE OF TENNESSEE )  
COUNTY OF WILSON )

## Youth Medical Information

Youth's Full Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Name of School \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Boy ( ) Girl ( ) Age \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Grade \_\_\_\_\_

Father's name \_\_\_\_\_  
Email \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Email \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Emergency contact info:  
Name and relation \_\_\_\_\_  
Email \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Physicians Name \_\_\_\_\_

Phone: \_\_\_\_\_

### HEALTH HISTORY (Check all that apply)

Frequent ear infections \_\_\_\_\_  
Frequent Colds/Sore Throats \_\_\_\_\_  
Sinusitis/Bronchitis \_\_\_\_\_  
Strep Throat \_\_\_\_\_  
Mononucleosis \_\_\_\_\_  
Heart Defect/Disease \_\_\_\_\_  
Epilepsy/Convulsions \_\_\_\_\_  
Bleeding/Clotting Disorders \_\_\_\_\_  
Hypertension \_\_\_\_\_  
Stomach Problems \_\_\_\_\_

DISEASES:  
Chicken pox \_\_\_\_\_  
Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
German Measles \_\_\_\_\_  
Whooping Cough \_\_\_\_\_  
Tuberculosis \_\_\_\_\_  
Polio \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Asthma \_\_\_\_\_  
Arthritis \_\_\_\_\_

ALLERGIES:  
Penicillin \_\_\_\_\_  
Aspirin \_\_\_\_\_  
Other \_\_\_\_\_  
Food \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Poison Ivy/Oak/Sumac \_\_\_\_\_  
Hay Fever, etc. \_\_\_\_\_  
SUBJECT TO: Sleep Walking \_\_\_\_\_  
Fainting \_\_\_\_\_ Bedwetting \_\_\_\_\_  
Constipation \_\_\_\_\_ Other \_\_\_\_\_

Other Diseases or Details of Above \_\_\_\_\_  
\_\_\_\_\_

Are immunizations up to date? \_\_\_\_\_  
Date of last Tetanus Shot \_\_\_\_\_  
Activity limitations? \_\_\_\_\_

If no, please explain \_\_\_\_\_  
Date of last TB skin test \_\_\_\_\_  
Do you wear contacts? \_\_\_\_\_

Specific activities to be encouraged? \_\_\_\_\_

Specific activities to be restricted? \_\_\_\_\_

List any medications or drugs taken regularly \_\_\_\_\_

Special medical or dietary regime to be continued?  
\_\_\_\_\_  
\_\_\_\_\_