



Youth Ministry Medical & Health Information/Transportation
Code of Conduct/Social Media/Permission Form

Youth's Name _____

Parent/Guardian Name(s) _____

I/We give permission for my, son/daughter to participate in the Cross of Peace Youth Ministry. This includes regularly scheduled on-site events, or any special events (including travel) that are sponsored by Cross of Peace Lutheran Church during the dates: **September 1st, 2015 to August 31st, 2016.**

MEDICAL TREATMENT

I/We authorize treatment and/or hospitalization that is necessary in the case of an emergency, accident or illness of my child by a licensed medical physician. However, every attempt will be made to reach me by telephone prior to any treatment. Any medical expenses occurring will be borne by the parents or guardians of the participant.

Emergency Contacts in order

Name _____ Home/Cell # _____

Name _____ Home/Cell # _____

Name _____ Home/Cell # _____

HEALTH INFORMATION

Any current health conditions we should be aware of? If yes, please explain

Any known allergies _____

Allergies to medications/foods _____

Currently on any medications _____

Please carry proper medication/epi pen with you at all times and instructions for administering if required. Prescriptions MUST be brought in their original container

HEALTH INSURANCE INFORMATION (please print)

Insurance Company _____

Policy Number/Group ID Number _____

Clinic Name/ Doctor Name/ Phone # _____

Dentist Name/Phone # _____

Orthodontist Name/Phone # _____

CODE OF CONDUCT/PARTICIPANT AGREEMENT

I understand that I am to be on my best behavior. I am representing my grade level and Cross of Peace Lutheran Church. I need to be aware of the group’s needs as well as my own. I agree to follow the directions of my small group guide, the Church staff and the adult participants who are volunteers or I will have action taken in regard to my behavior. I agree NOT to use chemicals (alcohol, tobacco, or any other drug not listed in my health information), or I give up my right to participate in these activities.

Signature of youth _____ Date _____

Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I/We will pay for his/her return or come pick up my child(ren).

SOCIAL MEDIA

I/We understand photos may be taken during church activities which will be used in publicity materials such as: bulletin boards, newsletter, Sunday announcements or the church Facebook page. Please see the complete Social Media Policy for details.

I/We understand our youth's small group guide may contact us via phone or email.

Signature of Parent/Guardian _____ Date _____

RELEASE OF LIABILITY

I/We, the parent(s) or legal guardian(s) of the above participant do hereby release Cross of Peace Lutheran Church, the Church staff, all sponsors, and volunteers from any and all liability resulting from any physical injury, property damage or other injury or damage which occurs in connection with the above events.

Signature of Parent/Guardian _____ Date _____

CONTACT INFORMATION

Name of Youth _____
Youth’s Grade in School this Fall _____ Date of Birth _____
Youth’s Cell Number _____ Youth’s Email _____
Name of Parents/Guardians _____
Home Address _____
Home Phone _____ Home Phone _____
Adult 1’s Cell Number _____ Adult 1’s Email _____
Adult 2’s Cell Number _____ Adult 2’s Email _____
Adult 3’s Cell Number _____ Adult 3’s Email _____
Adult 4’s Cell Number _____ Adult 4’s Email _____