Good Shepherd Youth Ministry

700 S Upper Broadway, Corpus Christi, TX 78401

Permission Form

Youth Information			
Name	Grade	DOB	Male/Female
Nickname	School:		
Primary Address:			
Secondary Address:			
Youth Email			
Youth Home Phone	outh Home Phone Youth Cell Phone		
Parent/ Guardian Informa Name(s)			
Email(s)			
List all phone numbers where	the parent/guardian can l	be reached (type:	i.e. home, cell)
Name	#		Type?
EMERGENCY CONTACT			
Name	#	Rela	tion?
Name	##	Rela	tion?

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The undersigned does hereby give permission for my child ______ (child's name)("Participant"), to attend and participate in any Good Shepherd children/youth ministry activities, and events

LIABILITY RELEASE: In consideration of Good Shepherd Church allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Good Shepherd Church, 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 children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, 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. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

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 child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth 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/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Good Shepherd. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

	x	
Name of youth participant	Signature of youth participant	Date

	x	
Name of parent/guardian	Signature of parent/guardian	Date

MEDICAL INFORMATION

YOUTH INFORMATION (Please Print)	
Youth Full Name	Nickname
Home Address	
	DOB
PARENT/GUARDIAN CONTACT INFORM	MATION
Parent/Guardian Name(s):	
List all parent/guardian contact phone number	ers in best order to be reached:
NON-PARENT/GUARDIAN EMERGENCY	CONTACTS
Name:	Relation:
Phone(s):	
PRIMARY CARE PHYSICIAN	
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):	
Required: Attach a copy of medical insurance	card here.

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 and will be sent home at the parent/guardian's expense if they do.

Medica	ntion Name	Dose	Treatment for	Dispensing instructions
	e: Zyrtec	5mg	Seasonal allergies	Take one pill daily in the morning with food
over-th	e-counter medica ons that do not r reaction (i.e. Tyl No. Contact me Parent	tion as nequire a lenol, Ac	deeded and as directed on doctor or hospital visit s dvil, antacids, Benadryl) v edical help if my child ha	ermission for your child/youth to be given the label, to treat non-emergency medical uch as a minor headache, stomachache, or while at a youth ministry event? as any minor medical concerns.
	medications as d	irected o	on an as needed basis to t	give my child approved over-the-counter reat non-emergency medical conditions.
MEDIO if neces	CAL CONDITIO			licable or write N/A. Attach additional pages

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

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.

Good Shepherd 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
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Coed visitation only in assigned community room
- 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.
- 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. I understa	and 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.

Parent/Guardian's Signature		Date
Street Address	City, State, Zip	
Parent/Guardian Email	Phone	