

# CPC YOUTH GROUP 2019-2020

## PERMISSIONS & MEDICAL RELEASE FORM

### GENERAL INFORMATION

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

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Current Grade \_\_\_\_\_ Age of Youth \_\_\_\_\_ Date of Youth's Birth \_\_\_\_\_

Youth's Email Address \_\_\_\_\_

Youth's Cell Phone Number \_\_\_\_\_ Text? Yes No

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Phone Number(s) \_\_\_\_\_ Text? Yes No

Parent/Guardian Email(s) \_\_\_\_\_

Emergency Contact Name(s) \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number(s) \_\_\_\_\_

### HEALTH INFORMATION

Do you have medical insurance? Yes No

Name of Policy Holder: \_\_\_\_\_

Relation: \_\_\_\_\_ Policy Holder Phone Number: \_\_\_\_\_

Insurance Company/ Plan Name  
\_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Insurance Company Policy Number \_\_\_\_\_

Group Name \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Medical Conditions we should know about \_\_\_\_\_

Does allergy require an EpiPen? \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone \_\_\_\_\_

Prescription or regular medication needed at any youth group events, lock-ins, etc.?    Yes    No

Who will dispense meds listed above? (If applicable, circle one)    Youth    Adult Youth Mentor

**Please list below each medication by name, dose, and frequency.**

Medication	Dose	Frequency	Comments	Date Written

**If additional space is needed attach a separate sheet.**

I understand that by circling “yes,” I give my permission for the OTC medications indicated with a “yes” below to be given to my child by an Adult Youth Mentor at youth events, if needed. (Initials of parent/guardian) \_\_\_\_\_

**Complete this section for Over the Counter Medications**

Each medication must be circled either “yes” or “no”

- |     |    |  |
|-----|----|--|
| Yes | No | <b>Bactine</b> (topical) for minor wound care, first aid as needed                                 |
| Yes | No | <b>Triple Antibiotic Ointment</b> (topical) for wound healing                                      |
| Yes | No | <b>Tylenol</b> (oral) as directed on bottle for age/weight   |
| Yes | No | <b>Ibuprofen</b> (oral) as directed on bottle for age/weight                                       |
| Yes | No | <b>Chloraseptic Spray</b> for sore throat as needed  |
| Yes | No | <b>Cough Drops</b> for coughing, minor throat irritation as needed                                 |
| Yes | No | <b>Antacid Tablet</b> (oral) for stomach discomfort  |
| Yes | No | <b>Miralax</b> (oral) laxative as directed on bottle for age/weight                                |
| Yes | No | <b>Benadryl</b> (oral) for swelling, hives, allergic reaction as directed on bottle for age/weight |
| Yes | No | <b>Loratidine</b> (oral) for seasonal allergy symptoms, as directed on bottle for age/weight       |
| Yes | No | <b>Calamine Lotion or Cortaid</b> (topical) for insect bites/bee stings                            |
| Yes | No | <b>Visine/Murine Plus Eye Drops</b> (topical in eye) for minor eye irritation                      |
| Yes | No | <b>Sunscreen</b>   |
| Yes | No | <b>Insect/Bug Repellent</b>  |
| Yes | No | <b>Other</b> (Please describe) _____   |

**PERMISSIONS & SIGNATURE (2019-2020 Youth Ministry Year)**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ agree to:

**PARTICIPATION**

1. Give permission for the youth on this form to participate in all youth group activities of Christ Presbyterian Church. I understand that my child will be involved in programming on the CPC campus, local mission opportunities, and fellowship outings. I have spoken with my child and they agree to show respect to the adult mentors, other youth, themselves, and others property.

**PHOTOGRAPHY/VIDEO/SOCIAL MEDIA**

2. Give Christ Presbyterian Church permission to use now or in the future, without limitation, or obligation, any and all media, including photographs, film footage, or tape recordings, which may include my child's image or voice for the purpose of ministry, art, advertising, education, or promotion of the church or youth ministry program, and release Christ Presbyterian Church from any claim or liability to that use. I understand that if I give notice to Christ Presbyterian Church that I object to any particular picture or video being used publicly, that it will be removed as soon as possible.

**TRANSPORTATION**

3. Give my permission for my child to ride in any vehicle with an adult mentor/chaperone of Christ Presbyterian Church.

**SAFETY**

4. Give permission, as necessary, for the Associate Pastor and/or adult youth mentors search a youth's belongings when the health, well-being, or safety of the youth or others requires it.

**MEDICAL**

5. Hold harmless Christ Presbyterian Church, employees, and volunteers for all claims alleging bodily injury or property damage occurring while the participant is at a CPC youth ministry activity. 6. Give the Associate Pastor and/or adult youth mentors permission to provide over the counter medications following the dosage and directions on medical container, and as indicated on form above. 7. Give the Associate Pastor and/or adult youth mentors permission to provide medications brought to events and lock-ins by parent/guardian or prescribed by a physician while in attendance. 8. Give permission to the Associate Pastor and/or adult youth mentors to transport my child to the local hospital for emergency services, if necessary. I understand that all effort will be made to reach me before any medical procedure is performed, unless it endangers my child's life, causes disfigurement, physical impairment or undue discomfort should treatment be delayed. If I cannot be reached in an emergency, as the parent and/or legal guardian, I authorize the treatment of my child by the qualified and licensed medical professionals/physicians and give permission to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. In addition, the Associate Pastor and/or adult youth mentors have permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the Associate Pastor and/or adult youth mentors about my child's health status. 9. I understand the information on this form will be shared on a "need to know" basis with the Christ Presbyterian Church staff and Youth Ministry Team. 10. I give permission to photocopy this form.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This release is signed of my own free will.

# **YOUTH COVENANT**

## **Christ Presbyterian Church**

I will be open to the surprising work of God, even when it comes through the unexpected (like food I dislike, exhausting play, and people who are very different from me).

I will be a part of a long-term experiment in Christian community while with this group, showing respect, honesty, and attentive love to each person.

Whenever I am with this group, I will seek to follow the example of Jesus who did not come to be served, but to serve.

I will seek to avoid actions or attitudes that might detract from the building of Christian community or the mission we have been called to accomplish (complaint, illegal drugs, alcohol, gossip, profanity, tobacco, etc.).

I will honor the adults who have so graciously given their time in order that this group might happen. I will show them the respect they deserve, for I know that they love me and always have my best interests in mind.

I will not destroy any property, but will instead leave things a little better than they were before I got there.

I will honor the group and the importance of the time we have together by living within the basic behavioral guidelines for the group.

During youth group outings I will not wander off from the group, and will stay with at least two friends, being careful to pay attention to when I need to check in with an adult.

I will participate in the activities that have been planned for me, whether they be games, discussions, small group activities and lessons, or eating at meal time.

I also understand that I am to be respectful of our worship times, discussion times, and our small group space, and I will do my best to be attentive during this programming.

In the unlikely event I choose to disregard this Covenant, I understand that my parents may be called and I may be asked to leave the group until such time that I choose to regard the covenant.

This Covenant is committed to by:

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Youth Participant	Grade	Date
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Parent/Guardian	Date
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# **CHRIST PRESBYTERIAN CHURCH NOTICE OF CHILD PROTECTION POLICY**

I, the undersigned do hereby acknowledge that I have received the Christ Presbyterian Church Child Protection Policy. I covenant to work with the CPC staff and volunteers to help create a safe environment for my child, and all of the other children who participate in worship and programming at Christ Presbyterian Church of Toledo, OH.

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Signature of Parent/Guardian

Date of Signature

