

Buies Creek First Baptist Youth Ministry 2019-2020

Universal Permission Form

Effective Dates: January 1, 2019 – January 1, 2020

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address: _____

Secondary 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

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any Buies Creek youth ministry activities, events, retreats during the period of January 1, 2019- January 1, 2020.

LIABILITY RELEASE: In consideration of Buies Creek Baptist Church allowing the Participant to participate in youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Buies Creek Baptist 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 youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in youth ministry activities, 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 youth to ride in vehicles driven by church approved and licensed ADULT chaperones while attending and participating in activities sponsored by Buies Creek First Baptist. Vehicles can include the church bus or personal vehicles. My 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 _____

Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers 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: _____

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 longer or overnight youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. According to our policy, parents of youth and children are required to give explicit directions on medication administration. Dosages of medication must be separated in Ziploc bags for each time the medication is to be administered. Each bag should have the youth's name, date, and time the medicine is to be administered.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
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Over-the-Counter Medication Permission: Do you give permission for your 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?

No. Contact me or get medical help if my child has any minor medical concerns.
Parent signature_____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.
Parent Signature_____

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

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.

Buies Creek First Baptist Church Youth Photo Release Form

I agree that Buies Creek First Baptist may photograph and record my child/dependent's likeness and activities (Images)¹ during church-related activities. I grant the following rights to Buies Creek First Baptist: 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 Buies Creek First Baptist 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 the photo release 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.

Child/Youth's Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

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