

2021-2022 YOUTH PERMISSION FORM FOR YOUTH MINISTRY TRIPS & ACTIVITIES

Valid August 1, 2021 – July 31, 2022

PERMISSION & CONTACT INFO

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

Mobile 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 MEMBER COVENANT

Youth name

E-mail

Mobile number

7 8 9 10 11 12

F M Prefer Not to Say

School attending in 2021-2022

Grade

Gender

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 part of this community, I covenant to the following:

Please initial next to each item to signify you have read and agree to it.

1. I will protect the safety of myself and others (in our group and otherwise) by:
 - a. Respecting others' boundaries and seeking consent at all times regarding touch, words, 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, as well as maintaining language and discussion topics appropriate to everyone present _____
 - c. Respecting others' identities and experiences with my language, treatment, and attitude _____
 - d. Actively taking care of the physical property and belongings of other youth, adults/leaders, and host facilities (leave them better than we found them!) _____
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 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 have read this covenant, understand the expectations, and agree to follow them.

Youth Signature

Date

I, as a parent/guardian, have read this covenant, understand the expectations, 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 & TREATMENT CONSENT FORM

Valid August 1st, 2019 – July 31st, 2020

Youth name: _____

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 _____ Date of Birth _____

Social Security No. _____ F M Prefer Not to Say Grade 7 8 9 10 11 12

Address _____

City/Zip _____ E-mail _____

Mother's name _____ Home Phone: _____

E-mail _____ Mobile Phone: _____

Work Phone: _____

Father's name _____ Home Phone: _____

E-mail _____ Mobile Phone: _____

Work Phone: _____

Emergency contact info:

Name/relation _____ Home Phone: _____

E-mail _____ Mobile Phone: _____

Work Phone: _____

Physician's name _____ Phone: _____

HEALTH HISTORY (Check all that apply)

Frequent ear infections _____	<u>DISEASES:</u> Chicken pox _____	<u>ALLERGIES:</u> Penicillin _____
Frequent Colds/Sore Throats _____	Measles _____	Aspirin _____
Sinusitis/Bronchitis _____	Mumps _____	Food: _____
Strep Throat _____	German Measles _____	Insect stings: _____
Mononucleosis _____	Whooping Cough _____	Plants: _____
Heart Defect/Disease _____	Tuberculosis _____	Other: _____
Epilepsy/Seizures _____	Polio _____	<u>SUBJECT TO:</u>
Bleeding/Clotting Disorders _____	Diabetes _____	Sleep Walking _____ Constipation _____
Hypertension _____	Asthma _____	Fainting _____ Bedwetting _____
Stomach/GI Problems _____	Arthritis _____	Other: _____

Other Diseases or Details of Above _____

Are immunizations up to date? _____ If no, please explain _____

Date of last Tetanus Shot _____ Date of last TB test _____ Do you wear contacts? _____

Activity limitations? _____

Specific activities to be encouraged? _____

Specific activities to be restricted? _____

List any medications or drugs taken regularly _____

Special medical or dietary regime? _____
