

YOUTH GENERAL INFORMATION/PERMISSION

Please note that the information on this form is for the sole use of the youth leader and is not available to any other individuals or groups. This means that we will not disclose any of the following information to another individual without your permission.

St. Pete First United Methodist Church | 212 3rd Street North | St. Petersburg | FL | 33701 | 727-894-4661

Turn in Date ____/____/____

Student Details

Name: _____ Date of Birth: ____/____/____ Age _____

Address: _____ Zip _____

Sex: Male / Female (Circle Appropriate) Grade _____

Email Address: _____

Phone Number: () -

Parent/Guardian Details

Name: _____

Address: _____ Zip _____

Email Address: _____

Main Phone Number: () -

Insurance Company: _____

Policy/Group # _____

Emergency Contact Details

In the event of an emergency relating to your son/daughter please provide information below which we can use to contact you.

Contact 1: _____ Contact 2: _____

Email: _____ Email: _____

Phone Number: () - Phone Number: () -

Medical Information

List all medications the youth will take during any youth ministry trips, retreats, or overnight events. This includes any prescription or non-prescription medications, herbal supplements, and vitamins. **Any participant under the age of 18 the Director of Youth Ministry is required to have knowledge of ALL MEDICATIONS with complete dispensing instructions before the start of any trips, retreats, or overnight event. Youth are permitted to carry any prescription or non-prescription medications, supplements, or vitamins unless otherwise advised by parent/guardian.**

| Medication Name | Dose | Treatment for | Dispensing instructions |
|-----------------|------|---------------|-------------------------|
| | | | |
| | | | |
| | | | |

Are there any disabilities or special needs that should be known?

Date of last tetanus shot? _____

Is the student on any current medication (e.g. antibiotics)?

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness, etc.) which we should be aware of?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

I understand that the St. Pete UMC will attempt to notify me in case of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or healthcare professional, to provide the medical services he/she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the St. Pete UMC if there are any health considerations that would prevent my child/youth's participation in any of the activities listed above

Personal Medication:

Any medication should be handed into the main leader, and it will be supplied when needed only at the request of parent or guardian. If the medication needs to be carried by your son/daughter this must be agreed upon with the organizers. All information will be kept confidential. We cannot accept responsibility for any information not declared.

Over-the-Counter Medication Permission: Do you give permission for your child/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, etc.) while at a youth ministry event?

- ☐ **No.** Contact me or get medical help if my child has any minor medical concerns.
- ☐ **Yes.** I give permission for an adult youth leader to give my child over-the-counter medications as directed on an as-needed basis to treat non-emergency medical conditions.

I, the parent or guardian, give the student permission to attend and participate in this activity. I understand that care will be taken to ensure the health, safety, and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity, the organizers reserve the right to return my child home.

Parent/Guardian Name _____

Signature _____ **Date** ____/____/____

To be completed by Notary Public

State of _____ **County of** _____

The foregoing instrument was acknowledged before me this ____ **day of** _____, 2022

By _____ **who is personally known to me or has**

Produced _____ **as identification and did not take an oath.**

Printed Name of Notary _____

Signature of Notary _____

My Commission expires _____ **My Commission #** _____

Stamp Here:

TRANSPORTATION PERMISSION SLIP

Student's name _____

By filling out and signing this form you are giving your child permission to ride with a youth leader or approved driver to and from a youth event.

I, the parent or guardian, give my child permission to ride with a youth leader or approved driver. I understand that care will be taken to ensure the health, safety, and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity, the organizers reserve the right to return my child home.

Parent/Guardian Name _____

Signature _____ Date __/__/__

PHOTO/VIDEO RELEASE FORM

Student Name: _____

During regularly scheduled evenings and special events, our youth group often uses photographs and videos of our students for a variety of projects and media.

Because we are sensitive to the safety and privacy of your family, **at no time will the names of our students accompany their photo or video image without your consent.** Below is a release which allows you to indicate your preferences.

Please indicate below whether the youth group has permission to use photographs, images, or video of your child.

Please check one:

- ☐ I **agree** that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience.
- ☐ NO, I **do not** want my child's photograph, image or video used in any way..

Parent/Guardian Name _____

Signature _____ Date __/__/__

PARENTAL/GUARDIAN CONSENT

The undersigned does hereby give permission for my child, _____, to attend and participate in on-site and travel based church activities for the period of _____.

LIABILITY RELEASE: In consideration of **St. Pete First UMC** allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meetings, activities, events, retreats, lock-ins, trips, etc.) and childcare, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless **St. Pete First UMC**, 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 **St. Pete First UMC**. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

I, the parent or guardian, give my child permission to ride with a youth leader or approved driver. I understand that care will be taken to ensure the health, safety, and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity, the organizers reserve the right to return my child home.

Parent/Guardian Name _____

Signature _____ **Date** __/__/

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 *during the course of the event* will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol.
- Use of any tobacco or vapor products are not allowed to, from, or during any events.
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions.
- Must be in assigned rooms by designated time.
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas). APPROPRIATE ATTIRE.
- Coed visitation only in assigned community room.
- 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.

Students 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 understand that I cannot participate in the activity unless this completed form is on file.

Youth Name _____ 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.

Name _____ Signature _____

Date ____/____/____