



## 2024 Hwy 231 South Church of Christ Youth Ministry Permission Form

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### 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 \_\_\_\_\_ # \_\_\_\_\_  
Name \_\_\_\_\_ # \_\_\_\_\_

### YOUTH 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 Hwy 231 Church of Christ children/youth ministry activities, events, retreats and childcare during the period of July 1, 2023-July 1, 2024

LIABILITY RELEASE: In consideration of Hwy 231 Church of Christ 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 Hwy 231 Church of Christ, its ministers, leadership, 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

**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 participant to this authorization.

		<b>x</b>	
Name of youth participant	Signature of youth participant	Date	

<b>x</b>		
Name of parent/guardian	Signature of parent/guardian	Date

**YOUTH INFORMATION** *(Please Print)*

YOUTH INFORMATION FORM

YOUTH FULL NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DOB \_\_\_\_\_

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

List all parent/guardian contact phone numbers in best order to be reached: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required)\_\_\_\_\_

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.**

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>

**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) 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 \_\_\_\_\_

### **ALLERGIES:**

#### **1. Please indicate items your child has an allergy to:**

Peanut / Peanut Products	Fish / Shellfish	Eggs	Milk
Soy Products	Gluten	Nuts	Bee Stings

Other (please indicate): \_\_\_\_\_