# Children and Youth Ministry Universal Permission Form Olivet Christian Church 1991 S. Olivet Rd, Columbia, MO 65201

Effective Dates: September 1, 2023—August 31, 2024

A completed Permission Form is required in order for any youth in 6-12<sup>th</sup> grades to participate in an Olivet Christian Church sponsored youth ministry event or for any child (preschool-5<sup>th</sup> grade) who attends any children's ministry special event. *Note: this form is not required for children to participate in Sunday School.* 

Once submitted, this form is kept on file until the expiration date above. Provide Rev. Ryan updated information as changes occur.

#### Participant Information (please print)

| Participant's Full/Legal N | Name:               |  |         |    |
|----------------------------|---------------------|--|---------|----|
| Preferred name (if differe | ent from above      | e):  |         |    |
| DOB: (                     | Grade:              | _ School:  |         |    |
| Primary Address:           |                     |  |         |    |
| Youth Email:               |                     |  |         |    |
| Youth Home Phone:          |                     | Youth Cell Phone:  |         |    |
| Do you approve of us co    | ontacting your c    | child via text, Facebook, or other social media?         | Yes     | No |
| Recor                      | rds will be kept of | conversations in accordance with accepted Safe Church po | licies. |    |

### Parent/Guardian Information

| Name (s):                                     |  |
|---|--|
| Parent/Guardian Email(s):                     |  |
| List ALL parent/guardian phone numbers in the | best order to be reached (please specify type; i.e., home, dad's |
| cell, mom's work)                             |  |
| Phone #1:                                     | Type:  |
| Phone #2:                                     | Type:  |
| Phone #3:                                     | Type:  |

Are there any special instructions/restrictions regarding who may pick your child up after youth activities?

| Non-Parent Emergency | Contact Information |               |
|----------------------|---------------------|---------------|
| Name:                | #:                  | Relationship: |
| Name:                | #:                  | Relationship: |

# Health Information

#### Insurance

| If | partici | nate | does | NOT  | have | insurance, | check  | here and | d continue | to next | section. |
|----|---------|------|------|------|------|------------|--------|----------|------------|---------|----------|
| 11 | partici | pare | uocs | TIOI | mave | mourance,  | CIICCK | nere an  | a commue   | to next | section. |

| 1    |       |          |      |
|------|-------|----------|------|
| Copy | of Ir | nsurance | Card |

| Name of Insured:     |        |
|----------------------|--------|
| Group/Policy Number: |        |
| Insurance Company:   | Phone: |

#### **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 nonprescription medication during a youth event. If this occurs, the you will be sent home immediately at the parent/guardian's expense.

| Medication Name | Dose | Dispensing instructions |
|-----------------|------|-------------------------|
|                 |      |                         |

#### **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 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.

□ 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.

#### **Medical Conditions**

Please answer in detail if applicable. Attach additional pages if necessary.

List any medical conditions of child/youth (asthma, knee injury, epilepsy, wears contacts, etc.):

List any allergies and the severity and type of reaction (drug/medicine, food, environment):

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:

#### **Other Health Information**

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of last Tetanus shot (required):

# Permissions

# Liability Release

In consideration of Olivet Christian Church allowing the Participant to participate in children's and/or youth ministry (Sunday worship, Youth Group, Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Olivet Christian 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 the youth activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in children's and 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.

#### 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 youth pursuant to this authorization.

#### Early Return Home Policy

Should it be necessary for my child 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 to ride in any vehicle driven by an approved and licensed ADULT chaperone (21 years of age or older) while attending and participating in activities sponsored by Olivet Christian Church. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

#### Media Permission

During Children's and Youth Ministry events, staff or volunteers will sometimes take photos or video of youth participating in various activities. These images may be used Olivet Christian Church for online and/or print publications. Children and youth will not be identified by name in publications. By checking "yes" below, 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 Olivet Christian Church 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.

- □ **Yes.** I give permission for my child's photos to be used as described.
- □ **No.** I do not want such images published of my child.

# Parental Consent/Signature

The undersigned does hereby give permission for my child \_\_\_\_\_\_\_\_ (child's name) ("Participant"), to attend and participate in any Olivet Christian Church children's and youth ministry activities, events, and retreats during the period of September 1, 2023—August 31, 2024. I have read and filled out all stated medical and release information above.

Х

Signature of Parent/Guardian

Date

# Youth Ministry Covenant of Community Expectations

The following rules and guidelines are equally binding for youth and adult leaders/chaperones.

#### Non-Negotiable Rules

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other timerelated instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Smoking and the use of tobacco are not allowed to, from, or during any trip
- Will not break any 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 any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.

**Child/Youth Participant's (or Adult Leader's) 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.

#### X

# Signature of Participant

**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.

X

Signature of Parent/Guardian

Date

Date