Children and Youth Ministry Universal Permission Form

Olivet Christian Church 1991 S. Olivet Rd, Columbia, MO 65201

Effective Dates: September 1, 2025—August 31, 2026

A completed Permission Form is required in order for any youth in 6-12th grades to participate in an Olivet Christian Church sponsored youth ministry event or for any child (preschool-5th 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 Informa	tion (please pri	int)			
Participant's Full/Leg	gal Name:				
Youth Home Phone:	Youth Cell Phone:				
, ,,	· .		pook, or other social media? Idance with accepted Safe Church po		
Parent/Guardian In	formation				
List ALL parent/guar cell, mom's work)	dian phone n	umbers in the best orc	er to be reached (please spec	ify type; i.e., home, dad's	
Phone	#1:		Type:		
			Type:		
Phone	#3:		Type:		
Are there any special	instructions/r	estrictions regarding w	ho may pick your child up afte	er youth activities?	
Non-Parent Emerge	ency Contact				
Name:			Relationship:		
Name:		#:	Relationship:		

Health Information

<u>Insurance</u>	77.1	
1 1		, check here and continue to next section.
☐ Copy of Insurance Care		
		Phone:
msurance compa		i none.
Medication		
prescription, non-prescrip 18 is required to give ALI dispensing instructions be	tion medications. L MEDICATIO fore the start of turing a youth eve	ing any youth ministry trips, retreats, or events. This includes any so, herbal supplements, and vitamins. Any participant under the age of the adult youth leader in their original containers with complete the event. Youth are not permitted to carry any prescription or non-ent. If this occurs, the you will be sent home immediately at the
Medication Name	Dose	Dispensing instructions
on the label to treat non-eminor headache, stomacheministry event?	or your child/you emergency medica ache, or allergic re	outh to be given over-the-counter medication as needed and as directed al conditions that do not require a doctor or hospital visit, such as reaction (i.e., Tylenol, Advil, antacids, Benadryl) while at a youth
Yes. I give per	mission for an ad	help if my child has any minor medical concerns. lult youth leader to give my child approved over-the-counter eeded basis to treat non-emergency medical conditions.
Medical Conditions		
Please answer in detail if a	pplicable. Attacl	h additional pages if necessary.
List any medical condition	ns of child/youth	(asthma, knee injury, epilepsy, wears contacts, etc.):
List any allergies and the s	severity and type	of reaction (drug/medicine, food, environment):
Please explain any other p would be important for th		tion about the participant (i.e., physical, behavioral, or emotional) that o know:
Other Health Informati		DV 44
		Phone #:
Date of last Letanus 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 descri	ribed.
□ 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 a	and release information above.
X	
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

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