

Annual Phillips Temple Youth Ministry Permission Form & Medical Release

Please print in ink and clearly

Student's Name: _____
LAST
FIRST
MIDDLE

Age _____ Birthday ____ - ____ - ____ Year in school _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Student's Email _____

Student's Cell (____) _____ - _____ Cell Provider _____

Medical Insurance company _____ Policy # _____

Mother's Name			
Email			
Home	(____) _____ - _____	Work	(____) _____ - _____
Cell	(____) _____ - _____	Cell Provider	
Father's Name			
Email			
Home	(____) _____ - _____	Work	(____) _____ - _____
Cell	(____) _____ - _____	Cell Provider	

Emergency Contact _____ Home (____) _____ - _____ Cell (____) _____ - _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. **If parent/guardian fails ¹to complete this section, Phillips Temple Church and Youth Leaders are held harmless and insurance is in excess.**

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a
 Good swimmer fair swimmer non-swimmer
2. Does your child have any allergies (*i.e. pollens, medications, food, insect bits*)? Yes No
If Yes, please describe allergy and treatment: _____
3. Does your child suffers from, or has ever experienced, or is being treated currently for any of the following:
 epilepsy/seizure disorder heart trouble asthma
 frequently upset stomach physical handicap diabetes none
4. Does your child wear glasses contact lenses none

Should this child's activities be restricted for any reason? Please explain (*use back of this sheet for additional space*):


Youth Ministry Policy

- We expect each student to conform to these rules of conduct
- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules and rules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

 Student's Name (printed): _____

 Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, student conferences, rock climbing, lock-ins, service projects, small group trips, sleep-overs, retreats and more.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Youth Ministry Leader prior to that event.



NAME OF STUDENT

has my permission to participate in the activities and events

Organized by the Youth Ministry of Phillips Temple, A CME Congregation, Dayton, Ohio from **September 1, 2015 to August 31, 2016.**

I understand that every effort will be made to protect the well being of my child, but agree that in the case of accidental injury, I will hold Phillips Temple CME Church, Dayton Ohio and the adult sponsors of the trip harmless from any damages. In any case that transportation may be needed; I understand that my child will be assigned to ride with a licensed driver, driving a privately owned or rented automobile and our (Phillips Temple) insurance is excess.

In the event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment is begun except where a delay in treatment would not be in the best interest of my child. **I also understand it is my responsibility to provide Phillips Temple CME Church and the Youth Ministry of any health changes to my child during this academic school year. If parent/guardian fails to complete this section or fails to update any changes, Phillips Temple CME Church and Youth Leaders are held harmless and insurance is in excess.**

I also release permission to Phillips Temple CME Church, Dayton Ohio to publish in print, electronic, or video format the likeness or image of my child. I release all claims against Phillips Temple CME Church, Dayton Ohio with respect to copyright ownership and publication including any claim for compensation related to use of the materials.



Parent/Guardian Name (printed): _____



Parent/Guardian signature: _____ Date: _____



**3620 Shiloh Spring Road
Trotwood, Ohio 45426**