

**NORTH BROADWAY UNITED METHODIST CHURCH
STUDENT MINISTRY PERMISSION FORM
2019-2020**

CHILD'S INFORMATION

Name: _____

Date of Birth: _____ Grade: _____ School: _____

High School Graduation year: _____

Primary Address: _____

Student E-mail: _____

Students Cell: _____ Is texting okay: Yes ___ No ___

PARENT/ GUARDIAN INFORMATION

Name: _____ Cell Phone: _____

E-mail: _____ Is texting okay: Yes ___ No ___

Name: _____ Cell Phone: _____

E-mail: _____ Is texting okay: Yes ___ No ___

Home phone: _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child, _____
("Participant"), to attend and participate in any North Broadway United Methodist Church
("NBUMC") children/student ministry activities, events, retreats, childcare, etc. during the
annual period of to

LIABILITY RELEASE: In consideration of NBUMC allowing the Participant to participate in
children/student ministry (e.g. Sunday school, Activities, Events, Retreats, Lock-Ins, Trips, etc.)
and childcare, I, the undersigned, do hereby release, forever discharge, and agree to hold
harmless NBUMC, its pastors, directors, employees, volunteers, and teachers (collectively herein
"NBUMC") 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/student activities and childcare. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in children/student 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 NBUMC for any liability sustained by the 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, to whose care the minor has been entrusted, to consent to any emergency 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, dentist, or other medical professional. 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 minor 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/student to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by NBUMC. My child/student and I understand that seat belts must be worn at all times during transportation.

Signature of parent/guardian

Date

Signature of witness

Date

MEDICAL INFORMATION

CHILD'S INFORMATION *(Please Print)*

Student Full Name _____

Home Address _____

Home/Cell Phone _____ DOB _____

MEDICAL CONDITIONS:

Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental), the type of reaction, and the severity:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the ministry leaders to know.

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s): _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required): _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Note: Please attach a copy of medical insurance card to the form.

MEDICATION:

List all medications the student will take during any student ministry trips, retreats, or events. No participant under the age of 18 will be given prescription or over-the-counter medication by NBUMC staff or volunteers without written instruction and consent from a parent/guardian. Parent(s)/guardian(s) must give the required medications to the ministry leader in their original containers with complete dispensing instructions before the start of the event. Student are not permitted to carry any prescription or non-prescription medication and may be sent home at the parent/guardian’s expense if they do.

Medication Name

Dosage and Dispensing Instructions

Over-the-Counter Medication Permission:

Do you give permission for your child 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 (e.g. Tylenol, Advil, antacids, Benadryl) while at a student ministry event? Please initial the appropriate option.

No. Contact me or get medical help if my child has any minor medical concerns.

Yes. I give permission for an adult ministry leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Signature of parent/guardian

Date

Signature of witness

Date

PHOTOGRAPHY/VIDEO RELEASE FORM

During the normal course of NBUMC ministries and events, photographs and/or video recordings may be taken of persons engaged in various aspects of ministry. These pictures may be displayed or used in a variety of ways including, but not limited to, posted on walls of classrooms, bulletin boards, published in NBUMC newsletters, used in promotional materials, placed on the church website (www.north-broadway.org), church social media sites, or displayed at other church events. Because the church grounds are not considered to be public space, NBUMC is committed to making every effort to inform participants when photo/video equipment is in use, and/or if any activity is being recorded for broadcast/redistribution. Additionally, every effort will be made to ensure that photographs or video recordings will only be taken of minors who have a Photography/Video Release Form on file.

PHOTOGRAPHY/VIDEO RELEASE AGREEMENT (Please initial next to your choice):

I hereby consent to and authorize the use and reproduction by North Broadway UMC or anyone authorized by North Broadway UMC, of any and all photographs, videos, and live streaming worship services that have been taken of me and/or my child(ren) during children/youth events, Worship services, or other Church sponsored activities without compensation to me. The Church reserves the right to use these photographs and videos during worship, church social media accounts and web page, or for informational purposes. No names will be associated with the pictures of you or your child. I hereby acknowledge that I have read and understood the terms of this release.

I do not give permission for my child's likeness to be taken by means of photograph and/or video recording, and utilized for any church purpose.

Signature of parent/guardian

Date

Printed name of parent/guardian

Date

YOUTH COVENANT

As a participant in NBUMC youth group events, I understand and agree to abide by all the rules and regulations given by the appointed adults representatives of NBUMC. I also understand and agree that I will notify my parent(s)/guardian(s) at the time of any infraction of rules for a specific event that may require my dismissal from any NBUMC youth activity. I also understand that if I am dismissed while attending, I will be sent home at my own and/or my parent(s)/guardian(s) expense.

Youth's Signature: _____

Cell Phone (if applicable): _____

Is it okay to text: **Yes** **No**

Grade (as of Fall 2019): _____ **Age:** _____

E-mail (if applicable): _____

WORDS FROM THE YOUTH PASTOR

The safety of your youth is important to us at NBUMC. We will do our best to provide a safe, fun, and engaging atmosphere for your youth while she or he is in attendance at our event, outing or program. If at any time you have questions, concerns, special needs or requests, ideas to share, or if you want to be present for anything that we do, reach out to the NBUMC pastoral staff.