SHILOH STUDENT MINISTRY
2020/2021

STUDENT INFORMATION

Name: _____ Grade: _____ DOB: _____ Male / Female

Nickname: _____ School: _____

Primary Address:_____

Secondary Address: _____

Student Email: _____ Student Phone: _____

PARENT/GUARDIAN INFORMATION

Name _____ Email: _____

Name _____ Email: _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name_____ #_____ Type: _____

Name_____ #_____ Type: _____

Name_____ #_____ Type: _____

Name_____ #_____ Type: _____

EMERGENCY CONTACTS

Name_____ #_____ Relation: _____

Name_____ #_____ Relation: _____

COVID-19 AGREEMENT: This agreement will be upheld by SSM leaders until you're informed otherwise.

Due to the COVID-19 pandemic, to protect our students and volunteers, we ask you please agree to the following:

- **Before each SSM event**, self-evaluate for possible symptoms of COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
- If your student or anyone in the household is experiencing any of the symptoms listed and hasn't tested negative for COVID, please stay home and return to SSM activities after being symptom-free for 14 days.
- If your student tests positive for COVID-19, or has had close contact with someone who tests positive, please wait 14 days and be symptom-free before attending SSM events.
- When attending SSM events, we require those not in the same household to maintain personal space indoors and outdoors. In addition to social distancing, masks must be worn by everyone while indoors.
- We reserve the right to take temperatures of students and adults attending SSM events. If your student displays any symptoms listed above during SSM activities, arrangements will need made for them to be picked up.

PARENTAL CONSENT

The undersigned hereby gives permission for my student _____ (student's name/ "Participant"), to attend and participate in any Shiloh Road Church of Christ Student Ministry (SSM) activities, events, and retreats during the period of **October 1, 2020 – September 30, 2021.**

LIABILITY RELEASE: In consideration of Shiloh Road Church of Christ allowing the Participant to participate in SSM (Class, Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Shiloh Road Church of Christ, its ministers, elders, 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 SSM activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in the SSM 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. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said 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, 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 student pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my student 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 student to ride in any vehicle driven by an approved and licensed ADULT chaperone while participating in activities sponsored by Shiloh Road Church of Christ. My student and I agree that **SEAT BELTS MUST BE WORN AT ALL TIMES** during transport.

My student and I have both read and agree to the above mentioned, including the COVID-19 agreement.

_____	**X**_____	_____
Name of parent/guardian	Signature of parent/guardian	Date

PHOTO/VIDEO AUTHORIZATION OF A MINOR

The undersigned, being the parent or legal guardian of _____ (minor's printed name), a minor child, do hereby authorize the staff members, agents, and employees of Shiloh Road Church of Christ to photograph or film my student.

The undersigned authorizes Shiloh Road Church of Christ permission to the use and display any said photographs and/or videos in publications, multimedia productions, displays, advertisements, training materials, or internet publication related to the promotion of Shiloh Road Church of Christ or in the promotion of any activities supported by Shiloh Road Church of Christ.

The undersigned agrees that Shiloh Road Church of Christ may use name and likeness supplied by the undersigned.

The undersigned releases and forever discharges Shiloh Road Church of Christ and its staff members, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted & Agreed: _____ _____

Signature of Parent/Guardian of Minor Date

MEDICAL INFORMATION

It is the parent/guardian's responsibility to inform adult leaders of any medical changes throughout the year.

Student's Name: _____

PRIMARY CARE PHYSICIAN

Name:_____ Phone: _____

Name of practice: _____ Date of last Tetanus shot (required): _____

MEDICAL INSURANCE INFORMATION

Company:_____Address:_____ Phone:_____

Policy#:_____Group#:_____PolicyHolder'sName:_____DOB:_____

MEDICATIONS:

List all medications the student will take during any SSM trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements, and vitamins. All students are required to give **ALL PRESCRIBED MEDICATIONS to the adult leader in their original containers with complete dispensing instructions before the start of the event. Students are not permitted to carry prescribed medication UNLESS A PARENT/GUARDIAN gives written/text consent to the adult leader.**

Medication Name	Dose	Treatment for	Dispensing instructions
Example: Zyrtec	*5mg*	*Seasonal allergies*	*One pill daily in the morning with food*

Over-the-Counter Medication Permission: Do you give permission for your student 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 an SSM event?

☐ **No**. Contact me or 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_____

MEDICAL CONDITIONS: Please answer in detail or write N/A. **Use back of page, if necessary.**

1. List any medical conditions your student has (asthma, diabetes, epilepsy, etc.):

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

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