Salem Baptist Church Children & Youth Ministry

Universal Permission Form

2024 -2025

Effective February 1, 2024- January 31, 2025

Child/Youth Information

Name	Grade	DOB	Male/Female	
Primary address				_
Secondary address				
Best way to contact the Youth		Youth cell	phone #	
Parent/Guardian	<u>Information</u>			
Name(s)			· · · · · · · · · · · · · · · · · · ·	_
List all phone number	ers where the parent/guardian ca	n be reached (type: i.e. home,	cell)	
Name	#	Type?		_
Name	#	Type?		_
	#			
Best way to contact	a parent			_
Emergency Cont	acts			
Name	#	Relationship		
Name	#	Relationship		
Parental Consen	<u>t</u>			
attend and participa	es hereby give permission for my te in any SBC Children or Youth 1, 2025. <mark>Initial</mark>	child, ministry activities, events, and i	("Participant retreats during the period of	."), to February
(Sunday worship, m discharge and agree the "SBC") from any property damage an while involved in the Participant to partici behalf of my minor F expense as a result	E: In consideration of SBC allow eetings, activities, events, retreate to hold harmless SBC, its pasto and all liability, claims, or demand expenses, of any nature whats youth activities. I, the parent or lipate fully in Youth ministry activities of participant, hereby assume all rissof participation in recreation and less and indemnify SBC for any I	s, lock-ins, trips, etc.), I, the un rs, directors, employees, volun rds for accidental personal injur- oever which may be incurred b egal guardian of this Participan ies, including trips away from the k of accidental personal injury, work activities involved therein	dersigned, do hereby releas teers and teachers (collectivry, sickness or death, as welly the undersigned and the Pat, hereby grant my permissione church premises. Further sickness, death, damage and The undersigned further here	se, forever yely herein Il as Participant on for the more, I, on ad ereby

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. Initial

intentional acts of said Participant, including expenses incurred attendant thereto. Initial

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my Participant to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by SBC. I realize that the church insurance begins where the Participants health and accident policy terminates. It is only valid when all other insurance has been extended to its limits. Initial					
Name of Youth Particip	ant	Signa	ture of Youth Participant	Date	
Name of parent/guardia	an	Signa	ture of parent/guardian	Date	
		MEDICA	L INFORMATION		
Primary Care Phys	<u>ician</u>				
Name					
Phone(s)			Fax		
Name of Practice				· · · · · · · · · · · · · · · · · · ·	
Date of last Tetanus sh	not				
Insurance Informa	tion (pl	ease attach a phot	o copy of your card if app	<u>licable)</u>	
Medical Insurance Co.			Phone	·····	
<u>Medication</u>					
and non-prescription myouth leader in their or	edication	ns. Any participant undentainers with complete o	er the age of 18 is required to give dispensing instructions before the	ts. This includes any prescription, ve ALL MEDICATIONS to the adult it is start of the event. Youth are not ne at the parent/guardian's expense	
			Dispensing instructions		
Example; Zyrtec	5mg	Seasonal Allergies	Take one pill in the morning v	with food	
medication as needed	and as d such as a	irected on the label, to a minor headache, ston	o you give permission for your your treat non-emergency medical conachache, or allergic reaction (i.e.		
No. Contact me	e or get n	nedical help if my child	has any minor medical concerns	s <mark>.</mark>	
Parent signatu	re				
Yes. I give pern			r to give my child approved over	the-counter medications as	
Parent signatu	re				

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility. Initial______

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

- 1. List any medical conditions your youth has (ex. Asthma, diabetes, epilepsy, etc.)
- 2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction.
- 3. Please explain any other pertinent information about the participant (physical, behavioral, or emotional) that would be important for the adult leaders to know

Community Expectations

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 time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Co-ed visitation only in assigned community rooms
- Smoking and the use of tobacco products are not allowed to, from, or during any trip
- Will not break any American laws in the United States or any other country

Date

Guidelines for Living in Christian Community

- Adults, youth, and children 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 foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

Youth Participant's (or Adult Leader's Statement: By signing this form, I pledge to honor God and respect others during Youth activities by following the rules and guidelines printed above. I understand that I cannot participate in activities away from the church unless this completed form is on file.

Parent/Guardian's Statement: By signing this form, I agree to support the Community Expectations printed above, and will
accept responsibility for the payment of my child's return transportation should he/she break one of the non-negotiable
rules.

Parent/Guardian Signatu	re
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Child or Youth Participant's

Photo Release Form for Youth & Children

I agree that SBC leaders and volunteers may photograph and record my child/dependent's likeness and activities (Images means all photographs, film, or other recordings taken of your child) during church-related activities. I grant the following rights to SBC: permission to use and re-use, publish and re-publish, and modify or alter the images(s) taken. Use of the images for sharing with the church family, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the internet, and worldwide perpetuity for the purposes stated above.

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 SBC 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 tortious act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capato sign the release.					
Child or Youth's Name (print)	Parent/Guardian Name (print)				
Parent/Guardian Signature	Date				