

Living Word Church Children's Ministry
Field Trip/Activity Permission Slip from Parents

Date of event/trip _____ Starting time _____ Ending time _____

Location _____

Approximately how many children _____ Age of Children _____

Description of what children will be doing

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that my child will participate in certain activities which carry with them a degree of risk and danger. I acknowledge and understand that responsible staff may offer other activities not listed above that present similar risks or dangers to my child. I consent to my child's participation in these activities. I personally assume, on my child's behalf, all risk for any harm, injury or damages that may happen with my child as a result of my child's participation in the activities, whether foreseen or unforeseen. I will also be responsible for the damage to personal property and injury to other people caused by my son/daughter.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless, from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of equipment and facilities.

TRANSPORTATION PERMISSION: I give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care my child 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. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child/youth.

I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

_____/_____/_____
Signature Printed Name Date

Contact Person in case of an emergency _____/
Name Number

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

Parent/Guardian Contact Information

List all parent/guardian names and contact phone numbers in best order to be reached:

_____ / _____

_____ / _____

Parent/Guardian Name(s)

Phone Number

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____

Phone(s): _____

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): _____

MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian’s expense if they do.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____

Over-the-Counter Medication Permission: Do you give permission for your child/youth 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 a youth ministry event?

No. Contact me or get medical help 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 if applicable or write N/A. Attach additional pages if necessary.

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

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

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

Living Word Children's Ministry Trip Expectations

The following rules and guidelines are equally binding on adult leaders/chaperones and child/youth.

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 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
- Coed visitation only in assigned community room
- 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.

Guidelines or Principles

- 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.
- 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.

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.

X _____

Youth Participant's or Adult Leader's Signature

Date

Parent/Guardian's Statement: By signing this form, I agree to support the 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 _____

Parent/Guardian's Signature

Date

Living Word Church Photo Release Form for Children and Youth

I agree that Living Word Church may photograph and record my child/dependent's likeness and activities (Images) during church-related activities. I grant the following rights to Living Word Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, 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 in 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 Living Word 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.

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 capacity to sign the release.

Youth Signature

Date

Parent Signature

Date