# Youth Group Information and Permission Form

*This form is intended to be universal to cover all activities that the Youth participate in. In some situations, a specific event may require its own permission form. Otherwise, this will suffice. Please fill it out as accurately and completely as possible.*

# General Information

Youth’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_

Parent’s name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Parent’s work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Parent’s cell: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Youth’s cell: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Email (parent/family): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (youth): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency Contacts (Please list persons other than parents)

Emergency contact # 1:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) (address) (phone) (relationship)

Emergency contact # 2:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) (address) (phone) (relationship)

# Medical Information

Please list any allergies/sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name/address/phone number)

Physical concerns/limitations/anything the staff should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications your child takes regularly (name/dose/times/etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR THIS QUESTION, PLEASE CIRCLE ONE OF THE FOLLOWING: YES NO

If my child has a headache or minor muscle aches/pains, I give permission for my child to be given pain reliever (either Tylenol or Advil). Please provide comments as desired, i.e. preferred medication, dose, frequency, etc.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent Volunteer Information

Yes! I am willing to assist as needed at events or meetings. Please give me a call when you are making your adult volunteer assignments.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Youth Group Release

*Parents: Please check the boxes to which you agree. If a box is left unchecked, we will assume you DO NOT give your permission for that particular item. Please note that if the code of conduct box or the medical release box are NOT checked, your child will be unable to participate in youth group activities and events.*

**General release**: I give my consent for my son/daughter to attend youth group meetings, activities, and events, both on site and off site. I will be provided specific event information in advance for any activity that will be taking place off site.

**Medical release**: In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contacts listed, I give my permission for my child to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release The Pulse Winfield, its employees and volunteers, and all those related to it, from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

**Code of Conduct:** My child and I have discussed what is meant by “appropriate behavior” for church events, and my child agrees to respect and to listen to the instructions of the Youth Director, the pastor, and all adult leaders and volunteers. My child understands that valuables should not be brought to either meetings or events, without the permission of the youth leaders, as they may not be able to be secured. I and my child release The Pulse Winfield, its employees/associates and its leaders/volunteers from liability in the case of lost, stolen, or damaged items brought to any meeting or on any trip. In the event of off-site activities, my child agrees to conduct him/herself in such a way as to appropriately represent The Pulse Winfield, and 356. If such conduct is not met, I will be contacted and agree to come get my child from the event. If my child brings friends to any meetings or events, I will instruct them of the same behavior requirements.

**Films:** (Please complete this section even if your child is over the age of 13!) I agree to allow my child to watch any films rated G, PG, or PG-13, which may be shown (at the Youth Director’s discretion) as devotionals, Bible study segments, or for entertainment purposes. I understand that whenever possible, film titles will be provided ahead of time. I also understand that the youth leaders will never show an R-rated movie without my express permission, and a separate permission slip will be provided if such a case where to occur.

**Transportation:** Should transportation be needed, I agree to allow my son/daughter to ride with either the

Youth Director, another staff member, a volunteer of the church, or a parent. Appropriate safety standards will be maintained and children will always be provided seatbelts. The church’s Safe Sanctuary standards will also be implemented. If no such permission is granted, I agree to transport my child to and from any offsite event. **Leaving the church:** I give permission for my child to leave the church when supervised by the youth leaders for appropriate activities related to youth group (local businesses, participate in scavenger hunts, go for a walk or hike, etc.).

**Photograph Release:** Occasionally photos may be taken during Sunday school, worship, youth group events, or other church activities.. I permit The Pulse Winfield to post photos including my child on its website or in other church publications, including social media outlets.

**I agree to those statements for which I checked the box and do not agree to those I did not check. Signed (parent/guardian):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(signature) (print your name) (date)**