

Children & Family 2011-2012 Permission Form
(One form per youth. PLEASE Complete Both Sides)

I hereby give permission for _____ to participate in all events that the Children, Youth & Family Ministries of Holy Spirit Lutheran Church sponsor for the period of today's date thru August 30, 2012.

I hereby release Holy Spirit Lutheran Church and its representatives from all liability in the event of accidental injury. In the event that I am not readily available I, the natural parent or guardian, authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician. Such treatment will only be taken when advisable by a physician to safeguard my child's health. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature of Parent/Guardian _____ Date _____

_____ (Parent/Guardian Initial) My child and I understand there are no cell phones allowed at youth retreats and cell phones are to be put away during teaching times.

Participant Covenant of Conduct
(To be completed by the youth)

In all activities under the sponsorship and/or guidance of my church, I am a representative of the Christian community and I am responsible for my actions. I know God loves me. I will live a life in response to that love. I understand the guidelines below are ways of being responsible and loving.

- 1) I will respect the property of others, the facility, and the world around me.
- 2) I will not use drugs, alcohol, or tobacco while participating in a church function, nor will I be in possession of them.
- 3) I will respect the adults that are with my group and the adults that are involved with the planned activity.
- 4) I will agree to treat each person with dignity and respect, and will not verbally or physically harm another person.
- 5) I will participate to my fullest ability.

Participant:

I, _____, understand these guidelines are necessary to ensure a safe, Christ-centered event, and I will follow them out of respect. Should I choose not to follow them, I understand that I agree to accept the consequences decided upon by the ministry leader(s), including parent notification & possible removal from activity.

Parent/Guardian:

I / We, _____, have reviewed this covenant with my/our child and understand it. I/We support the ministry leaders and will be responsible for expenses incurred as a result of our child breaking the covenant.

Medical Emergency Information

(One form per youth. Complete **BOTH** Sides)

Student Name: _____ Nickname: _____

Birth Date: ____/____/____ Grade: _____ Gender: MALE / FEMALE

Regular medications: _____

Allergies (Food, Drug, etc.): _____

Any special needs that may limit participation in the program (including activities and/or retreats)? Yes _____ No _____

If yes, please specify: _____

Parent/Guardian 1: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian 2: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Family Email: _____

Address/City/Zip _____

Student Email: _____ Student Cell Phone: _____

Emergency contact person (other than parent or guardian)

Name _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____

Policy # _____

Please notify us if any of the above information changes (insurance, medication, etc.)

____ (Parent/Guardian Initial) I give my permission to Holy Spirit Lutheran Church to use photographs of my child in its public displays or media releases. I understand these photographs will not be sold or used for commercial purposes.

____ (Parent/Guardian Initial) I give my permission to Holy Spirit Lutheran Church to send my child text messages related to HSLC events. I understand this cell phone number will not be sold or used for commercial purposes.