

2020 Westlake United Methodist Church Youth

Authorization for Emergency Medical Care

Student's Full Name: _____

Grade: _____ DOB: _____ Age: _____ Student's Cell #: _____

Student's Email: _____

Home Address: _____

Parent/Guardian #1 Name: _____

Address (if different from above): _____

Cell #: _____ Home #: _____ Work #: _____

Email Address: _____

Best Way to Contact: _____

Parent/Guardian #2 Name: _____

Address (if different from above): _____

Cell #: _____ Home #: _____ Work #: _____

Email Address: _____

Best Way to Contact: _____

Emergency Contact (other than parent/guardian): _____

Relationship: _____

Phone: _____

Address: _____

Any known Allergies & Dietary restrictions requiring attention: _____

Relevant Medical History: _____

Current medications, dosage, and use: _____

Date of last Tetanus shot: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Health Insurance Group: _____
 Insurance Company Address: _____
 Group #: _____ Policy #/Member ID: _____ Phone: _____

- I hereby grant permission for my student to participate in all of the activities of the Westlake United Methodist Church.
- I hereby grant permission for my student to leave the church premises under the supervision of an adult for Westlake United Methodist Church related activities and to be transported in a vehicle designated by any ministry leader in whose care the student has been entrusted while attending and participating in an activity.
- I hereby waive any claim against Westlake United Methodist Church.
- I hereby grant Westlake United Methodist Church adult sponsors and leaders to administer non-prescription, over-the-counter medication and prescription medication to the designated youth when such medication is brought in the original prescription container.

| Product | Contains | Purpose | Circle One |
|-----------------|--------------------------|-------------------|------------|
| Tylenol | Acetaminophen | Pain Relief | Yes/No |
| Advil | Ibuprofen | Pain Relief | Yes/No |
| Benadryl | Antihistamine | Allergic Reaction | Yes/No |
| Benadryl Cream | Antihistamine | Allergic Reaction | Yes/No |
| Antacid Tablets | Calcium Carbonate | Indigestion | Yes/No |
| Imodium AD | Loperamide Hydrochloride | Diarrhea | Yes/No |
| Cortizone | Hydrocortisone | Itch Relief | Yes/No |
| Pepto Bismol | Bismuth Subsalicylate | Upset Stomach | Yes/No |

In the event of an emergency and in my absence, I hereby give consent to any of the Westlake United Methodist Church staff and/or volunteer staff to seek emergency medical treatment for my student named above. While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable Westlake United Methodist Church, any of its employees, volunteers, or other representatives associated with providing or arranging for emergency medical treatment for my student.

I hereby certify that I have read and fully understand all the permission I grant Westlake United Methodist Church.

Signature of Parent/Guardian

Date

Covenant of Conduct

- I. Thou shall have fun!
- II. Thou shall be at all events on time, stay for the duration of the event, thou shall not leave the designated areas for the event in all activities planned.
- III. Thou shall respect the physical and emotional well being of students and adults by "doing unto them as you would have them do unto you."
- IV. Thou shall respect the property of places that we visit, the church property, and the property of other people.
- V. Thou shall listen, respect, and follow the word of your adult leaders and report any injury or illness immediately to them.
- VI. Thou shall not possess or use any kind of drugs, tobacco, alcohol, pills, or other substances unless it is a prescription drug and written permission has been granted by a parent or legal guardian at an activity.
- VII. Thou shall not possess or use any fireworks, firearms, or other weapons at an activity.
- VIII. Thou shall not engage in any inappropriate sexual behavior. Thy body stay in thy body's assigned room when on overnight functions.
- IX. Thou shall always remember who thou is in Christ and act and dress accordingly. Clothe yourself with Christ and remember that you represent your church and faith when at WUMC activities.

NOTE: In case of any misconduct, the adult leaders reserve the right to call parents and send youth home at the expense of the parents. The signatures below indicate that all parties understand the program and commit to having the most positive experience.

Signature of Student

Date

Signature of Parent/Guardian

Date

Photo Permission

Throughout the year, we will be taking photos during events for use in church ministry. We intend to use photos for the church website, social media platforms, and/ or other publications.

_____ I GIVE PERMISSION _____ I DO NOT GIVE PERMISSION

Signature of Parent/Guardian

Date

Communication Permission

We understand that many young people use digital tools for communication. All WUMC communications are visible to two Safety Trained adults. WUMC requests your permission to stay in direct contact with your student for appropriate ministry related conversations through Remind group text, email, and cell phone calls. Two ways we also release ministry info is through open Facebook and Instagram accounts.

_____ I GIVE PERMISSION _____ I Do NOT GIVE PERMISSION

Signature of Parent/Guardian

Date