

2019 Newsong Forged
Student Ministry Universal
Permission Form
Effective Dates: January 1, 2019 — December 31, 2019

Youth Information

Name _____ Grade _____ DOB _____
Male/Female Nickname _____ School: _____
PrimaryAddress: _____ SecondaryAddress: _____
YouthEmail _____
YouthHomePhone _____ Youth CellPhone _____

Parent/ Guardian Information

Name(s) _____
Email(s) _____ List all phone numbers where the parent/guardian can be reached (type:
i.e. home, cell) _____
Name _____ # _____ Type? _____
Name _____ # _____ Type? _____ Name# _____
Type? _____ Name _____ # _____ Type? _____

Emergency Contact

Name _____ # _____ Relation? _____
Name _____ # _____ Relation? _____

Parental Consent

The undersigned does hereby give permission for my child
(child's name) ("Participant"), to attend and participate in any Newsong Church Forged
student ministry activities, events, retreats and childcare during the period of January 1,
2018 – December 31, 2018.

LIABILITY RELEASE: In consideration of Newsong Church allowing the Participant to
participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events,
Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever
discharge and agree to hold harmless Newsong Church, its pastors, directors, employees,
volunteers and teachers (collectively herein the "Church") from any and all liability, claims or
demands for accidental personal injury, sickness or death, as well as property damage and
expenses, of any nature whatsoever which may be incurred by the undersigned and the

Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

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 child or youth pursuant to this authorization.

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.

TRANSPORTATION PERMISSION: The undersigned does also hereby 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 sponsored by Newsong Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____ X
Name of youth participant
Signature of youth participant Date

_____ X
Name of parent/guardian
Signature of parent/guardian Date

MEDICAL INFORMATION

NON-PARENT/GUARDIAN EMERGENCY

PRIMARY CARE PHYSICIAN

Name:

Phone(s)____Fax:

Nameofpractice:

Date _____ of _____ last _____ Tetanusshot(required)

INSURANCEINFORMATION

MedicalInsuranceCompany:_____Phone:

Policy/GroupID#:_____ Policy Holder’s Name(pleaseprint):

Required: Attach a copy of medical insurance cardhere.

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.

MedicationName	Dose	Treatmentfor	Dispensinginstructions
Example:Zyrtec	5mg	Seasonalallergies	Take one pill daily in the morning withfood

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 student ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.

Parentsignature

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.

ParentSignature

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

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

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

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.