



Covenant Church of Easton

Loving God, Growing Together, Serving Others

Registration, Permission Slip and Medical Form for Youth Activities

1 Sport Hill Road; Easton, CT 06612 Phone (203) 371-8335

All students participating in our youth ministry MUST fill out this form and submit to Pastor Debbie. Forms may be emailed to debbie@coveaston.org, dropped in her mailbox or handed to her personally. Thanks!

Youth Name _____ Date of Birth _____ Grade _____

Parent/Guardian Name(s) _____ Covenant Church Member: Y / N

Address _____ Home Phone _____

Student's Cell Phone _____ Parent's Cell Phone _____

Student E-mail _____ Parent E-mail _____

Any other important Parent Information? _____

Student's last Tetanus Shot (please provide date)? _____

*** In case of emergency, and parents can't be notified:**

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

** We will always call the parents first, but having an alternate contact person is helpful.*

Medical Information (information provided will remain confidential)

If your son or daughter takes medication for a condition, please list the condition and the medication: _____

Please explain any restrictions of activities for medical reasons: _____

Medication allergies: _____

Food allergies: _____

Other allergies or issues: _____

Permission Slip

The person herein described has permission to take part in all published on-site and off-site activities related to the Youth Ministry at Covenant Church of Easton. This includes allowing my child to ride in a car with an Adult Advisor to/from the activity.

In the event I cannot be reached for an emergency, I hereby give permission to the adult leader to seek medical treatment from a doctor or medical facility for my child.

Name of Parent _____ Date _____

Parent/Guardian Signature/s _____

Health Insurance Carrier & Phone _____ ID # _____



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Photography and Video of Youth Activities

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Dear Parents/Guardians,

Covenant will periodically take photos or videos of youth activities to share with parents and our church family. These photos/videos may be displayed at church, on our church social media or in local news outlets. We will never post any student's name.

Please complete the form below. If permission is not granted from a parent, we will respectfully not include this student in any photo/video taken.

I give my permission to have _____ (name of student) photographed during youth activities sponsored by the Covenant Church of Easton.

Parent/Guardian's Name (printed):

Parent/Guardian's Signature:

Date
