

INFORMATION AND MEDICAL RELEASE FORM - YOUTH

For the 2018-2019 School Year for the youth activities of Bethlehem United Church of Christ
423 S. Fourth Ave. Ann Arbor, MI 48104 Phone: 734.665.6149 Fax: 734.665.3399

YOUTH INFORMATION AND CONTACT INFORMATION:

Name: _____ Birth date: _____
(Last) (First) (Mid. Initial) (mm/dd/yyyy)

Address: _____
(Street) (City) (State) (Zip Code)

Home #: _____ Cell #: _____ Email: _____

School Name and Grade: _____ Unisex T-shirt size: _____

Health Problems or Concerns: _____

Allergies: _____

(Does child have EPI pen? Circle One: Yes \ No. If yes, can they self-administer? _____)

Medications Child Is Taking: _____

Insurance Policy #: _____ Policy Holder's ID #: _____

Insurance Co.: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Doctor's Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

I GIVE PERMISSION FOR MY CHILD, _____

To participate in the programs sponsored by Bethlehem United Church of Christ pertaining to, but not limited to, the Youth Ministries Program. This permission slip is valid for all activities held in association with Bethlehem United Church of Christ's Youth Ministries Program. Specific information regarding youth ministry activities will be distributed to the youth and is available from the Director of Youth Ministries or Associate Pastor. Special events may require additional permission forms.

(initial to grant permission)

I give permission to Bethlehem United Church of Christ to use the image of my child. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken of myself or my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Bethlehem website and social media pages. Personally identifying information will not be associated with any photos or video in any church publications. In the case of social media sites, like Facebook, we will follow the privacy settings selected by the individual

(initial to grant permission)

In the event of an emergency situation in which medical treatment is required for my child as a result of participation with Bethlehem United Church of Christ's Youth Ministries Program, every reasonable effort will be made to contact the persons listed on this form in the order listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

(initial to grant permission)

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery under recommendation of qualified medical personnel until a parent or guardian can be contacted.

(initial to grant permission)

I accept responsibility for any medical expenses for my child that are not covered by my medical insurance. I will provide an updated Medical Release Form to the Director of Youth Ministries of Bethlehem United Church of Christ if and when any of the information provided on this form changes.

(initial to grant permission)

I give permission for youth volunteers to communicate directly with my child via the contact information above regarding the Youth Ministries Program. All activities will also be listed on the church calendar. If permission is not granted, I or another parent or legal guardian must be copied on all communications.

(initial to grant permission)

PLEASE NOTE THAT THIS FORM IS TWO SIDED AND BOTH SIDES MUST BE COMPLETED

EMERGENCY CONTACTS: In the event of an emergency, Bethlehem United Church of Christ will contact the following people in order:

1. Name and Relationship to child: _____
(Parent or Legal Guardian)

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email address: _____ Home Address: _____
(if different from youth) (Street) (City) (State) (Zip Code)

2. Name and Relationship to child: _____
(Parent, Legal Guardian, Relative, or Responsible Person)

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email address: _____ Home Address: _____
(if different from youth) (Street) (City) (State) (Zip Code)

3. Name and Relationship to child: _____
(Parent, Legal Guardian, Relative, or Responsible Person)

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email address: _____ Home Address: _____
(if different from youth) (Street) (City) (State) (Zip Code)

TRANSPORTATION AUTHORIZATIONS:

(initial to grant permission)

I authorize my child to be transported by approved chaperones to and from events in association with Bethlehem United Church of Christ youth ministry programs. I understand that there may be only one adult in the vehicle and this adult will be at least 23 years of age and have a satisfactory driving record.

In addition to anyone listed above, I give permission to the following people to transport my child to and from youth group activities. If any of these people are under 18, their parent or guardian must also give permission on their form to be a transportation provider.

<i>Name</i>	<i>Relationship to youth</i>	<i>Cell Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If my child is legally able to drive, I give them permission to drive the following youth to and from the weekly youth group at church. I understand that the other youth must also have permission from their parent or legal guardian on their release form.

<i>Name of Youth \Cell Phone</i>	<i>Name of Youth \Cell Phone</i>
_____	_____
_____	_____

DO NOT RELEASE MY CHILD TO: _____

I have completed this form to the best of my ability and I will encourage my child's participation in the youth ministry programs at Bethlehem United Church of Christ.

Signature of Parent or Guardian of minor participant

Date

Please be aware that Bethlehem United Church of Christ holds all records and forms in the utmost confidentiality for the purpose of protecting all people who participate in activities associated with the church's ministries. All of our youth volunteers have completed a screening process including a background check. If you have any questions at any time about our privacy policy, our Safe Church policy, or the Youth Ministries Program, please contact the church office.