



**TRINITY INSIDE OUT YOUTH MINISTRY**  
**PERMISSION SLIP, MEDICAL RELEASE AND COVENANT FORM**  
**2016**

**PARTICIPANT INFORMATION**

Participant Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
School: \_\_\_\_\_  
Fathers Name/ Guardian1: \_\_\_\_\_ email: \_\_\_\_\_  
Mothers Name/ Guardian 2: \_\_\_\_\_ email: \_\_\_\_\_  
Telephone (guardian 1): (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Telephone (guardian 2): (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip : \_\_\_\_\_

***In case of emergency and the above persons can not be contacted, please notify:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City of Residence: \_\_\_\_\_  
Telephone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (cell) \_\_\_\_\_

**MEDICAL AUTHORIZATION AND HEALTH HISTORY**

I/we the parents or legal guardian of, \_\_\_\_\_, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide

authority and power to render care, which is deemed advisable in the best judgment of the physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Minor's last Tetanus Shot: \_\_\_\_\_

Allergies to food or drugs: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please check all conditions that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Stomach Upsets            | <input type="checkbox"/> Asthma                          |
| <input type="checkbox"/> Seizure Disorders         | <input type="checkbox"/> Diabetes                        |
| <input type="checkbox"/> Vision/Hearing Impairment | <input type="checkbox"/> Physical Disability             |
| <input type="checkbox"/> Learning Disability       | <input type="checkbox"/> Emotional/Behavioral Disability |
| <input type="checkbox"/> Sleep Disturbances        | <input type="checkbox"/> Motion Sickness                 |
| <input type="checkbox"/> Other                     |  |

Is your son or daughter taking any prescription or non-prescription medication? Yes No

If yes, can they take the medication themselves? Yes No **AND** please provide the following:

Medication Dosage and Time Administered \_\_\_\_\_

Medication Dosage and Time Administered \_\_\_\_\_

**PARENTS PLEASE NOTE:** Trinity Presbyterian Church is committed to providing safe and supervised activities for youth both on and off campus.

**If a youth chooses to leave campus, and we are not on a scheduled outing, then Trinity Church cannot be responsible for that youth.**

Please discuss your expectations of how you're youth can arrive to, and leave from, church activities.

## **YOUTH GROUP COVENANT FOR ALL PARTICIPANTS**

**I AGREE:**

- 1) **NOT** to leave any off campus event without an adult advisor;
- 2) **NOT** to bring or use alcohol or any illegal drugs;

- 3) **NOT** to participate in any violent behavior, including the possession of weapons, excessive/aggressive swearing or language, kicking, hitting, etc.;
- 4) **NOT** to smoke or chew tobacco if under the age of 18. If I am of legal age and use tobacco, I agree not to use it while on any event.
- 5) **NOT** to participate in any inappropriate sexual behavior;
- 6) **TO** respect the needs and property of other participants and chaperones;
- 7) **TO** respect the property of the church and other facilities we use which includes not hanging on or climbing trees, no skateboarding, scooters or skates on the property and no destructive behavior;
- 8) **TO** participate in community activities, including chores;
- 9) **TO** respect other people in the group
- 10) **TO** abide by my parents expectation of my presence at on campus events.
- 11) **TO** dress in appropriate attire that covers my body fully. My underwear will not be showing in any way and understand that if I am wearing something that is questionable I will be asked to change or be given addition clothing to wear.

***I understand these agreements are designed to provide a safe and supportive community at all events.***

***I also understand that if I break one of these agreements, I will have broken the trust of the youth group, and may be asked to leave at the expense of my parent(s)/guardian(s).***

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_