

**PLEASE CAREFULLY READ THIS ENTIRE PACKET.** This permission form has been provided to inform you of the guidelines, activities and insurance coverage that will apply during your child's participation in the **2008-2009 school year: Reality Youth Group Tuesday night activities.**

I, the undersigned parent/guardian of \_\_\_\_\_ give my permission for him/her to participate in Tuesday night activities sponsored by The Neighborhood Church. I understand staff personnel of the church or other qualified, responsible persons will supervise all activities. I understand these activities may involve transportation in church owned vehicles, vehicles owned and operated by other individuals, or vehicles rented or leased by the church.

**Initials** \_\_\_\_\_

I understand The Neighborhood Church provides liability insurance coverage for all church sponsored activities. This insurance is secondary to my own insurance coverage, which is agreed as being primary. In the event of injury to a non-insured participant, and in the event of a claim against the insurance carrier for the church, I agree to cover the deductible rate costs required by the insurance carrier.

**Initials** \_\_\_\_\_

In the event of special situations, which may arise out of disciplinary action, medical needs or other personally related circumstances which require or result in special transportation, communication, handling or liability expenses, I agree to assume full financial responsibility for all such related costs.

**Initials** \_\_\_\_\_

I hereby release The Neighborhood Church and chaperones involved in the activities, of all liability in the event of injury or bodily harm and for damage or loss of personal goods and belongings

**Initials** \_\_\_\_\_

I hereby authorize the church representatives in charge of the event to take the above named participant to a doctor or hospital for treatment in case of an emergency. It is understood I can expect communication from church representatives as soon as possible in such emergency situations.

**Initials** \_\_\_\_\_

My student will be arriving to Tuesday night activities by *(circle all that are acceptable)*

*Parent's vehicle*      *Bus*      *Friend/friend's parent's vehicle*      *Youth staff vehicle*      *Walking*      *Other* \_\_\_\_\_

**Initials** \_\_\_\_\_

My student will be leaving Tuesday night activities by *(circle all that are acceptable)*

*Parent's vehicle*      *Bus*      *Friend/friend's parent's vehicle*      *Youth staff vehicle*      *Walking*      *Other* \_\_\_\_\_

**Initials** \_\_\_\_\_

Drugs, tobacco, alcohol, fireworks and weapons are not allowed at any activity. Students may not come to an activity under the influence, or in possession of any of the above items. If a student arrives at an activity under the influence, or in possession of any of the above items, appropriate action will be taken to ensure safety of all people.

**Initials** \_\_\_\_\_

Once my student arrives to the activity, they may not leave the group, until the activity is over (unless prior arrangements have been made.)

**Initials** \_\_\_\_\_

***I have read and understand the guidelines and conditions for my attendance at Tuesday night Reality Youth Group activities, and will abide by them under the direction of the youth group leadership.***

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2008

Signature of Student \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

# Student Information

Name of Student \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Name of family's medical insurance company \_\_\_\_\_

Mailing address of the Insurance company \_\_\_\_\_

Name of employer through which family's medical insurance is provided \_\_\_\_\_

Employer's group medical insurance account number \_\_\_\_\_

## IN CASE OF AN EMERGENCY, PLEASE CONTACT

Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

In case of emergency, is there anything the youth staff or doctor should know?

Doctor's name \_\_\_\_\_

City \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

## IF STUDENT SUFFERS FROM ANY OF THE FOLLOWING, PLEASE IDENTIFY:

Heart Trouble  Diabetes  Skin Troubles  Fainting Spells  Lung Trouble  Sinus Infection  Ear Trouble  Allergies (specify) \_\_\_\_\_

Medication Allergies  No  Yes (specify) \_\_\_\_\_

Is student allergic to insect bites  No  Yes (specify) \_\_\_\_\_

Explain any other health problems \_\_\_\_\_

Date of last Tetanus Shot (DPT or T2): \_\_\_\_\_

Does the student require medication like shots, drugs, or anything requiring control?  No  Yes

**IF SO, YOU MUST COMPLETE THE PRESCRIPTION POLICY FORM AND ATTACH IT TO THIS PERMISSION SLIP.**

# Prescription Policy

It is illegal for anyone to consume prescription medications that have been prescribed to another individual.

To ensure the safety of all students, it is the policy of The Neighborhood Church “Children and Youth Department” that **ALL** medications, including any and all over the counter medications, be turned in to a designated chaperone at the start of any overnight event or trip. A designated chaperone will maintain and administer all medications per the instructions below throughout any overnight event or trip. Any student found with any medications, prescription or over the counter, will have their parents contacted and will be asked to leave the event or trip. All medications must be in their original container.

**Participant’s Name:** \_\_\_\_\_

**Trip or Event/Date:** \_\_\_\_\_

<b>Health Problem:</b>
<b>Name of Medication:</b>
<b>Time of needed administration:</b>
<b>Dosage:</b>
<b>Time last dose taken:</b>
<b>Frequency of administration:</b>

**Comments/Notes:**  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Record of Administration

<b>Date:</b>							
<b>Time:</b>							
<b>Initials:</b>							

**Signature(s) that correspond to initials of person(s) giving medication:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_