

Bedford Presbyterian Church Youth Group
Permission Slip and Medical Release Form

Participant's Name _____

Street Address _____

City, State, Zip _____

Date of Birth _____ Participant's Email Address _____

I hereby grant permission for my child to participate in the Bedford Presbyterian Church Youth Group Program. Please check those items that apply.

___ Bedford Presbyterian Church may use photographs and video images taken of my child during youth group events in publicity materials such as the church website, MyBPC, newspapers and newsletters.

___ Please restrict any photographs and video images taken of my child as follows: _____

___ I authorize youth group advisors to give my child acetaminophen or ibuprofen.

If the Participant's Parent(s)/Legal Guardian(s) cannot be reached at any of the telephone numbers listed below, I authorize the treatment, by a licensed medical doctor, of the minor participant listed above in the event of any medical emergency which, in the opinion of said medical doctor, is necessary. I understand that any medical expenses incurred on my child's behalf are my responsibility.

Signed: _____ Date: _____
Participant's Parent/Legal Guardian

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contacts (Please provide at least 1):

1. Name: _____

Relationship to Participant: _____ Phone: _____

2. Name: _____

Relationship to Participant: _____ Phone: _____

Medical Insurance Co. _____

Policy Number: _____ Phone: _____

Group Number: _____

Primary Care Physician: _____

Address: _____

Phone: _____

Special Medical Conditions – Allergies, chronic illness, or other conditions: _____

Current Medications: _____

Date of Last Tetanus Shot: _____

Other Information (Special Needs, Concerns): _____

COVENANT OF CONDUCT

In all meetings, retreats, or other events under the sponsorship and/or guidance of Bedford Presbyterian Church, I am a representative of our Christian community and I am responsible for my actions. I understand the following guidelines will be followed:

- The illegal use of drugs and the use or possession of alcoholic beverages and tobacco is prohibited.
- All conduct shall be in keeping with this Biblical truth – treat others the way you want to be treated. I will show respect for everyone.
- I will respect and take care of any areas used for meetings or retreats.

I, (participant print name) _____, have read and understand the Covenant of Conduct written above. I agree to abide by it to the best of my ability.

Signed (by participant) _____ Date: _____

AGREEMENT WITH INTENT TO SUPPORT

I agree to support my child in the above Covenant of Conduct and understand that I will be called and I will come pick up my child if (s)he breaks this Covenant.

Signed _____ Date: _____
Parent/Legal Guardian