

Effective dates: **May 2016 to May 2017**

Please Print in Ink:

Name: _____ Age: _____ Birthday: _____

Year in School: _____ Male Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Medical Insurance Company: _____ Policy/ Group: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

****Please attach a copy of your child's Insurance card****

Medical History

If necessary, describe in detail the nature and severity of any physical and/ or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject, and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosage that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- 1. For your child's safety and our knowledge, is your student a-
 Good swimmer fair swimmer non-swimmer
- 2. Does your child have allergies to-
 Pollens medication food insect bites

Please List Allergies: _____

- 3. Does your child carry an EpiPen for his/her allergies? Yes or No

4. Does your child suffer from, has ever experienced, or is being treated currently for any of the following:
 Asthma Epilepsy/ Seizure disorder heart trouble Diabetes
 frequently upset stomach Physical handicap
5. Does your child wear glasses contacts
6. Does your child take any medication on a regular basis? If so what: _____

7. Please list and explain any major illnesses that your child has experienced during the last year:

8. Should your child's activities be restricted for any reason? Please explain: _____

Covenant/ Permission Form

I have willingly chosen to participate in the McYouth. As a participant, I will work towards the goals of the McYouth and building our group into a Christian Community by...

- Participating whole-heartedly and enthusiastically in all activities planned for our group.
- Speaking up when I have a problem, need or concern
- Listen/ Responding to the needs of others
- Following the guidance of the adult leadership
- Respecting others property or right (This includes but is not limited to the church, bus or where the event is being held)
- NOT using or being in possession of controlled substance (alcohol, tobacco, or illegal drugs)
- No student can drive (during the event)
- No fighting, weapons, fireworks, lighters, or explosives
- NOT leaving the event at any time without an adult leader present.
- Encourage other to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those whom we are in contact.

Students who fail to comply with these expectations may be sent home at their parents' expenses.

I, _____ (the student) have read the covenant, the evaluation of my health, and permission to participate in McYouth activities. I agree to abide by the stated personal limitations and the covenant.

Student Signature: _____ Date: _____

Parents' Permission

Activities may include, but are not limited to: Wednesday Night McYouth, Game Night, Sunday School, Starbuck Sunday, Lock-ins, Lock-outs, Montreat Trips, Mission Trips, Amazing Race, Destinations Unknown, Calvin Center trips, Cookouts, Ice Skating, concerts, Adopt- A- Highway, Clifton Men's Shelter, McDonough Youth Aids Walk, Confirmation. Note: if you desire to limit your child's participation in any event, please submit your wishes in writing to the Director of Youth Ministry, prior to that event.

My Child, _____ has my permission to attend all youth activities sponsored by **McDonough Presbyterian Church**, (hereinafter the "Church") from **May, 2016 to May 2017**. And also has my permission to transport my child on planned local trips away from the Church and out of town trips. I understand that all precautions will be taken to ensure the safety and health of my child.

I _____ give permission to McDonough Presbyterian Church to make photographs, video and audio recordings of my child in context of my child's participation in the church's ministry. I understand that these recordings and photographs will be used only in programs, printed materials, website, facebook, or other legal purposes of McDonough Presbyterian Church.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases McDonough Presbyterian Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of above named student, a minor, and have given our consent for him/her to attend events being organized by McDonough Presbyterian Church. I/We understand that there are inherent risks involved in any ministry, and I/we hereby release McDonough Presbyterian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In any event that he/she is injured and requires the attention of a doctor; I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by McDonough Presbyterian Church, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the above named student. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Director of Youth Ministry.

Parent / guardian Signature: _____ Date: _____