CALDWELL METHODIST CHURCH

CHILDREN/YOUTH MINISTRY – PERMISSION FORM

June 1, 2024 – May 31, 2025

**Child/Youth Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ Male/Female

Primary Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child/Youth Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission for Children/Youth Ministry Leaders to contact child/youth on their cell phone?

Yes No

**Parent/Guardian Information:**

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all phone numbers where parent/guardian can be reached (type: home, cell, office, etc)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent:**

The undersigned does hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to attend and participate in any Caldwell Methodist Church children/youth ministry activities, events, retreats, and camps during the period of June 1, 2024 – May 31, 2025.

LIABILITY RELEASE: In consideration of Caldwell Methodist Church allowing the Participant to participate in children/youth ministry, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Caldwell Methodist Church, its pastors, directors, employees, volunteers and teachers from any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature which may be incurred by the undersigned and the Participant while involved in the children/youth activity and childcare. I hereby grant my permission for the Participant to participate fully in children/youth ministry activities including trips away from church premises. I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify Caldwell Methodist Church for any liability sustained by said Church as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment/hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pall all costs and expenses incurred in connection with such medical and dental services rendered to the child/youth pursuant to this authorization.

EARLY RETURN HOME: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Caldwell Methodist Church. My child/youth and I understand that seat belts must be worn at all times during transportation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian Signature of parent/guardian Date

Medical Information

June 1, 2024 – May 31, 2025

**Child/Youth Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ Male/Female

Primary Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all phone numbers where parent/guardian can be reached (type: home, cell, office, etc)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Care Physician:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Tetanus shot (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information:**

Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/Group ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach copy of medical insurance card (required)

**Medications:** List all medications the child/youth will take during any Caldwell Methodist Church event. This includes any prescription and non-prescription medications, herbal supplements, and vitamins. Participant is required to give ALL MEDICATIONS to the adult leader in original containers, complete with dispensing instructions before the start of the event. **Participant is not permitted to carry any medication (as listed above) and will be sent home at parent/guardian’s expense if they do.**

**Medication Dose Treatment For Dispensing Instructions**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Over-the-Counter Medication Permission:**

Do you give permission for your child/youth to be given over-the-counter medication as needed and directed on the label to treat non-emergent medical conditions that do not require a doctor or hospital visit such as minor headache, stomach ache, or allergic reaction?

**NO**. Contact me or get medical help if my child/youth has any minor medical concern.

**YES**. I give permission for an adult leader to give my child/youth approved over-the-counter medications as directed on an as needed basis to treat non-emergent medical conditions.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Conditions:**

1. **List any and all allergies (drug/medicine, food, environmental, etc.)**
2. **List any and all medical conditions (asthma, diabetes, epilepsy, etc.)**
3. **Please explain any other pertinent information about the participant that would be important for the adult leaders to know. (Physical, behavioral, or emotional).**

CHILDREN/YOUTH MINISTRY

ANNUAL PHOTOGRAPH & SOCIAL MEDIA RELEASE FORM

June 1, 2024 – May 31, 2025

Child/Youth Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Every year, Caldwell Methodist Church uses photographs and videos of our children/youth for a variety of projects and media, this includes social media, such as Facebook.

We are sensitive to the safety and privacy of your family and at no time will the names of children/youth accompany their photo or video images without your consent.

Please indicate below whether Caldwell Methodist Church has permission to use photographs, images, or video of your child.

YES. I agree that photographs, images and/or video of my child may be used for **ANY** publication, including those prepared for both internal and external audience.

YES. I agree that photographs, images and/or video of my child may be used for any publication **EXCEPT:**

Facebook Twitter Text Messages External Publications Bulletin

NO. I do not want my child/youth’s photograph, image, or video used in anyway.

Please indicate below whether your child/youth may be contacted by adult leaders in Children & Youth Ministry via social media or cell phone.

YES. I agree that my child/youth can be communicated with via all forms of social media.

YES. I agree that my child/youth can be communicated with via all forms of social media **EXCEPT:** Facebook Twitter Text Messages E-mail

NO. Do not communicate with my child/youth via social media or cell phone.