

# Universal Permission Form for Youth

St. James's Episcopal Church

1205 W. Franklin Street, Richmond, VA 23220

Effective Dates: June 1, 2019 — August 31, 2020

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A completed Universal Permission Form is required for any youth in 6<sup>th</sup> -12<sup>th</sup> grades to participate in a St. James's Episcopal Church sponsored event for youth. Once submitted, this form is kept on file until the expiration date above. Provide the Director of Youth updated information as changes occur.

## YOUTH INFORMATION (please print)

Youth's Full Name \_\_\_\_\_ 2019-2020 Grade \_\_\_\_\_

DOB \_\_\_\_\_ Nickname \_\_\_\_\_ School \_\_\_\_\_ Male/Female

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

Youth's Email \_\_\_\_\_

Youth Cell Phone \_\_\_\_\_ Youth Home Phone \_\_\_\_\_

Social Media?: Facebook; Snap Chat; Tumblr; Instagram Username: \_\_\_\_\_

## PARENT/ GUARDIAN INFORMATION

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation: Mom / Dad / Step-parent / Other

Relation: Mom / Dad / Step-parent/ Other

Email \_\_\_\_\_

Email \_\_\_\_\_

Phone #1 \_\_\_\_\_ Cell/Home/Other

Phone #1 \_\_\_\_\_ Cell/Home/Other

Phone #2 \_\_\_\_\_ Cell/Home/Other

Phone #2 \_\_\_\_\_ Cell/Home/Other

## NON-PARENT EMERGENCY CONTACT

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Relationship to youth? \_\_\_\_\_ May this person transport your child? Y/N

**PHOTO PERMISSION:** Sometimes church staff or volunteers will take photos or video of youth participating in various activities for use in online and/or print publications. Names of youth will not be used.

Yes. I give permission for my child's photos to be used as described. **Parent initials** \_\_\_\_\_

No. I do not want such images published of my child. **Parent initials** \_\_\_\_\_

## Health Information

Please answer in detail or write N/A. Attach additional pages if necessary.

1. List all known **medical conditions** of youth (asthma, knee injury, epilepsy, wears contacts, etc.).
  
2. List all known drug, food, and/or environmental **allergies** of youth and severity/type of reaction.
  
3. Any **dietary** preferences or requirements (i.e. vegetarian, no dairy, etc.)?
  
4. Please explain any other **relevant information** about the participant (i.e. physical, spiritual, or emotional) that would be important/helpful for the adult chaperones to know.

### MEDICATION:

- None.** Youth does not take medications regularly.
- Yes.** Youth will need to take medication during youth event. List all medications in table below, including prescription and non-prescription. **ALL MEDICATIONS must be labeled and given to the adult youth leaders** with dispensing instructions at the start of the event.

Medication Name	Dose (5mg/1 pill)	Instructions: Time of day? With food?

*Attach extra sheet if needed.*

### OVER-THE-COUNTER MEDICATION PERMISSION:

- Yes.** I give permission for my child to have approved over-the-counter medications as directed (i.e. Tylenol, Advil, antacids, Benadryl) as needed to treat non-emergency medical conditions.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- No.** Contact me or seek medical help if my child has any minor medical concerns.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### INSURANCE INFORMATION (Please print clearly)

Medical Insurance Company \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Member Services Phone# \_\_\_\_\_ Policy/ ID# \_\_\_\_\_

**Parental Permissions**

**Parent/Guardian please read and sign below.**

The undersigned does hereby give permission for his/her child \_\_\_\_\_ (**child's name**)(**"Participant"**), to attend and participate in any St. James's Episcopal Church sponsored activities for youth, including events at church and off site for varying lengths of time, during the effective dates of this form.

**LIABILITY IMMUNITY:** The undersigned understands and agrees that St. James's Episcopal Church, its clergy, employees, and volunteers (collectively herein the "Church") is a charitable organization and that the Participant is considered a beneficiary of the Church's charitable services while participating in sponsored activities and events. The undersigned understands and agrees that the Church is entitled to charitable immunity from all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while participating in sponsored activities and events.

**MEDICAL TREATMENT PERMISSION:** The undersigned does hereby give permission for Church, in whose care the Participant has been entrusted, to authorize any emergency medical care treatment required by the Participant that is deemed necessary by a duly licensed emergency medical technician, physician, nurse, or dentist to treat an emergency medical condition, including but not limited to physical examinations, mental examinations, radiological diagnostic examinations, hospital admission, lab work, dental procedures, intravenous therapy, medication, and surgical intervention.

**TRANSPORTATION PERMISSION:** The undersigned does hereby give permission for his/her child to ride as a passenger in personal or rented vehicles driven by a DMV licensed adult (21 years of age or older) while participating in St. James's sponsored activities for youth. My child and I understand that seat belts must be worn while in a vehicle that is in motion. EARLY RETURN HOME POLICY: Should it be necessary for a Participant to be sent home for any reason, including but not limited to a medical condition or disciplinary action, the undersigned shall take responsibility for all transportation costs.

**Parent/Guardian Name** (printed) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Covenant of Community Expectations

To preserve and protect the physical, emotional, and spiritual health of all members of our community, all participants in events for youth sponsored by St. James's Episcopal Church must agree to and abide by following rules and guidelines are equally binding for youth and adult leaders/chaperones.

### NON-NEGOTIABLE RULES

Participants who fail to abide by these rules will be sent home immediately at personal/family expense.

- The use and/or possession of drugs, alcohol, tobacco, and weapons are strictly prohibited.
- No sexual misconduct, including but not limited to indecent exposure, touching, or inappropriate reference to body areas normally covered by undergarments.
- Seat belts must be worn by drivers and all passengers while in a vehicle that is in motion.
- Sleeping areas for males and females will be separate. Coed visitation occurs only in shared community space and is prohibited in sleeping areas.
- Obey all applicable state and federal laws and regulations while in the United States and while abroad.

### GUIDELINES FOR CHRISTIAN COMMUNITY

- Be respectful, encouraging, and maintain a positive attitude toward self and others, recognizing Christ's presence in all persons.
- Participate fully in all group activities, as you are physically able, and obey time-related instructions such as bed times.
- Be respectful of personal property and the property of others.
- Attend to safety for yourself and others.
- Avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.

Participant's Statement: By signing this form, I pledge to honor God and respect others by following and the rules and guidelines printed above.

x \_\_\_\_\_

**Youth's Signature**

**Date**

Parent/Guardian's Statement: By signing this form, I agree to support the Covenant of Community Expectations printed above, and accept responsibility for expenses incurred should my child be sent home.

x \_\_\_\_\_

**Parent/Guardian's Signature**

**Date**