First United Methodist Church -- Youth Ministry

225 South 2nd Street

Chambersburg, PA 17201

**Parental Permission Form for Minors**

**Effective dates: September 2021-September 2022**

**Contact Information Section**

**Please print in ink – This section to be completed by Parent or Legal Guardian**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School (grade) \_\_\_\_\_\_\_ Male ( ) Female ( ) Student e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (other than parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student “Adult” T-shirt size (S-3XL) \_\_\_\_\_\_\_\_

Does the youth minister have your permission to add student’s e-mail address to weekly e-mail updates?\*

Yes \_\_\_\_\_ No \_\_\_\_\_

*\*The Youth Minister will not initiate one-on-one contact with any student via cell phone, social media, or e-mail without parent/guardian permission or knowledge. Any contact initiated with students should be in public and/or group settings unless given permission by parents/guardians.*

**Student Health/Safety Section**

**Please print in ink – this section to be completed by Parent or Legal Guardian**

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 dosages 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 –
	1. Good Swimmer ( ) b. Fair Swimmer ( ) c. Non-Swimmer ( )
2. Does your child have allergies to –
	1. Pollens ( ) b. Medications ( ) c. Food ( ) d. Insect bites/stings ( ) e. Other ( )

Please explain allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
	1. Asthma ( ) b. Epilepsy/Seizure disorder ( ) c. Heart trouble ( ) d. Diabetes ( )

e. Frequently upset stomach ( ) f. Physical handicap ( ) g. COVID-19 ( )

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of last tetanus shot (please be as accurate as possible) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your child wear glasses or contact lenses? Glasses ( ) Contacts ( )
3. Please list and explain any major illnesses the child experienced during the last year, and if the child’s activities should be restricted for any reason:
4. Does your child have special needs or learning needs that we should be aware of? (ADD, ADHD, ODD, etc.)
5. Has your child been vaccinated for COVID-19? Yes ( ) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No ( )

***Activities will be supervised by paid and volunteer staff. If you desire to limit your child’s participation in any event, please submit your wishes in writing to the Youth Minister prior to that specific event.***

**Student Expectations Section**

**Please fill out in ink – this section to be completed by Student**

**Student Code of Conduct**

*Please print initials next to each item as a confirmation that you will, to your best ability, follow this covenant, and place your full signature at the bottom of this page.*

*Expectations for Events*

1. I will sign-in to every youth ministry program, event, or gathering \_\_\_\_\_\_
2. I will not be in possession of, or use, alcohol, drugs, tobacco, or any other substance at youth events \_\_\_\_\_\_
3. I will not drive myself to off-site events/trips/retreats unless written permission is given and otherwise discussed between parent/legal guardian and youth minister. \_\_\_\_\_\_
4. I will not be in possession of weapons, fireworks, lighters, explosives, or other potentially harmful items while present at youth gatherings \_\_\_\_\_\_
5. I will do my best to conduct myself in a Christ-like manner by not fighting, not disrespecting adults or other youths, respecting private spaces of other students (for example, no boys in girls sleeping quarters and no girls in boys sleeping quarters), respecting personal and public property, no vulgarity or profane language, and not engaging in PDAs (public displays of affection) \_\_\_\_\_\_
6. I will respect and comply with the dress expectations (see below) \_\_\_\_\_\_
7. I will hold other students accountable to this covenant, but not in a way that seeks to embarrass another student or “get them in trouble.” I will first approach the Youth Minister or my small group leader if I have an issue with another student or adult. \_\_\_\_\_\_
8. I will commit to respecting and following the current guidelines and safety precautions the church is taking to combat COVID-19, including wearing a mask when required, social distancing, and not attending if I feel sick or if I have had recent contact with someone who has exhibited symptoms or tested positive for COVID-19.\_\_\_\_\_\_
9. I understand that I can be sent home if I refuse to comply with these expectations \_\_\_\_\_
10. I understand that any information I provide to the youth minister, small group leaders, or other church staff, even in confidence, that poses danger to themselves, danger to others, or is an admission to illegal activity will be shared with the proper authoritarian parties (Parents, Police, Child Protective Services, etc) \_\_\_\_\_\_

**Dress Expectations for Youth and Adult Volunteers**

General

* The goal is to represent ourselves and Jesus Christ appropriately with what we wear.
* Do not wear clothing that reveals stomachs, butt cracks, cleavage, or undergarments. This includes see-through clothes and tight-fitting clothing that reveals outlines of undergarments, or loose-fitting clothing that sags below undergarments.
* Tops and bottoms must be worn at all times
* Do not wear clothing with suggestive, offensive, vulgar, or otherwise inappropriate writing or graphics.
* Do not wear pants/shorts with holes that reveal undergarments
* Shirts cannot be longer than shorts (shorts must be visible below a long shirt)
* Pajamas are to be worn only in bedrooms

Water Activities

* Modesty = humility and glorifying God, not ourselves.
* All students must wear a swimsuit to swim.
* Swimsuit bottoms should not be held together by strings.
* No visible cleavage or butt cheeks.
* Adults have the right to have a discussion with students if they feel swimwear is inappropriate

Other/Miscellaneous

* We reserve the right to ask you to change your clothes at any time. We provide extra shirts/shorts if needed.
* It’s always ok to ask the youth minister or your small group leader if you are unsure of something specific.
* Our goal is not embarrassment, but respect for ourselves and for each other.

**I, the student, have read the expectations and code of conduct, the evaluation of my health on the previous page, the dress expectations, and permission to participate in youth activities. I agree to abide by the stated personal limitations and code of conduct.**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Consent and Permissions Section**

**Please sign with ink – this section to be completed by Parent or Legal Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend all activities sponsored by First United Methodist Church and the youth ministry from September 2021 – September 2022.**

**Consent for Medical Attention and Release of Liability Against Loss**

**I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the 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 the 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 the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from 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 student named above. 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 youth minister or youth ministry volunteer staff member due to inappropriate behavior.**

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

**Photo Release**

**I/We the undersigned consent to having my/our child’s photo and/or video used in any and all youth ministry material, advertisements, social media, and website.**

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

**Transportation**

**I/We the undersigned understand that it is my/our responsibility to provide transportation for students to and from events, both at the church and off-site, and that students may not leave events early with another adult unless designated by myself/ourselves. To comply with our safe sanctuaries policy, youth volunteers/small group leaders should not provide transportation for students unless accompanied by another unrelated adult who has turned in their safe sanctuary clearances. I/We the undersigned consent to having the youth minister and other volunteer staff transport students for events in which the whole group travels together (i.e. Impact, Retreats, Mission Trips, etc.) in compliance with our safe sanctuaries policy. If my child(ren) has received a driver’s license, I give permission for them to drive themselves to events at the church. I understand that students should not drive themselves to off-site events unless otherwise communicated and cleared between myself/ourselves and the youth minister.**

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

**COVID-19**

**I/We the undersigned commit to encouraging my child(ren) to abide by the church’s policy regarding COVID-19 safety precautions, including wearing a mask when required, social distancing, and staying home if there has been recent contact with someone who has exhibited symptoms or tested positive for COVID-19, until otherwise cleared or specified differently. If there has been recent contact in our household and suspected contact within the youth group, we will inform the youth minister as soon as possible so that contact tracing and quick communication can take place.**

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

*If you, as a parent/guardian or student, feel you cannot sign or initial any part of this permission form for any reason, or if you have questions regarding clarification, or concerns about the permission form, please contact the youth minister:*

*E-mail:* *xcultureyouth@gmail.com* *-------- Office: 717-263-8491 ext. 206.*