

Appendix C

**Reynoldsburg Community Church
Children, Youth and Vulnerable Adult
Medical information and Release Form**

Name of Participant/Volunteer _____

Address _____ (Please Print) _____

City _____ State _____ Zip _____

Email _____ Cell Phone _____

If a Minor, Mother's (or legal guardian) Name _____

Home Phone _____ Cell Phone _____

If a Minor, Father's (or legal guardian) Name _____

Home Phone _____ Cell Phone _____

Other Emergency Contact Name _____

Phone _____ Relationship _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Health Insurance Company _____

Group Number _____ Policy Number _____ Phone _____

Personal Medical Information

Known Allergies _____

Other Medical History _____

Current Medications _____

Dietary Restrictions _____

Physical Restrictions _____

In the event that I am unable to be reached at the phone numbers above, I hereby authorize emergency medical treatment, surgery or dental care to be given to the above participant as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

"Signature (Parent or Legal Guardian if Under 18)"

"Date"

Reynoldsburg Community Church Request for Administration of Medication

Regarding the administration of medicine, both over-the-counter and prescription, by staff and/or volunteers of Reynoldsburg Community Church

- All medicines, both over-the-counter and prescription, and this completed form will be given to the designated health officer prior to departure on a trip/event.
- Devices such as inhalers and EpiPens and any other medicine that must be kept on the person will be permitted. Please see below for signature regarding such a circumstance.
- Prescriptions must be in the child's name, must not be expired and must have the pharmacy label with dosage and administration instructions.
- Over-the-counter medicine must be the appropriate product for the age of the child. For example, a bottle of regular ibuprofen has dosage instructions for those 12 years and older. Therefore, this medicine cannot be administered to anyone under 12 years old. Please bring the appropriate medicine for the age of the child.
- Parents/Guardians should know that the designated health officer might not have any medical training. They are simply the person responsible for the possession and distribution of medicine. Therefore, all directions related to the medicine and its purpose, the correct dosage and administration instructions should be clearly explained on this form.

Name of Child _____ Date of Birth _____

I give the staff and/or volunteers of Reynoldsburg Community Church permission to administer to my child the medicine(s) listed on the reverse side of this form. I have provided all contact information to the leaders of this event in case of questions regarding these medicines or in case of an emergency.

(Parent/Guardian Signature) Date _____

Mother/Guardian Home Phone _____ Cell _____

Father/Guardian Home Phone _____ Cell _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Home Phone _____ Cell _____

My child must have the device/medicine indicated on the reverse side of this form on his/her person at all times. He/she has been instructed as to how to use it properly. He/she also understands that he/she is never to give it to and/or share the medicine with another person.

(Parent/Guardian Signature) Date _____

(OVER)

Appendix G
Parent Consent and Covenant

As parent/legal guardian of _____, I give my permission for my son/daughter to participate in _____ from _____, 20__ through _____, 20__ . I have read the covenant, which my son/daughter has signed, and I understand the responsibilities to which they have agreed. I have explained this covenant in terms that they understand and I will support him/her in fulfilling this covenant. If it becomes necessary to take disciplinary action with my son/daughter, I will be advised of the situation, and I agree to cooperate in resolving the problem as amicably as possible. I also acknowledge that if my son/daughter fails to comply with any of the promises made in the covenant that I will be financially responsible for any damages or injuries they may have caused. If the situation requires that my son/daughter be sent home from the event, I agree to be responsible for transporting my son/daughter from the event location to our home.

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my son/daughter during the activity/event to be used, distributed, or shown as Reynoldsburg Community Church sees fit. (Please initial if you do not consent to the terms of this paragraph: _____)

I understand all reasonable safety precautions will be taken at all times by Reynoldsburg Community Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Reynoldsburg United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name _____ Signature _____ Date _____
(Please Print)

Emergency Phone Numbers _____

Appendix G
Youth Covenant

I, _____, understand that I am representing our Lord Jesus Christ and Reynoldsburg Community Church in all youth activities. Therefore, for my own safety, the well-being of others, and mutual respect, I promise that:

1. I will not possess or use illegal drugs, alcohol or tobacco in any form.
2. I will use prescription or over-the-counter medications only with the permission of my parents or guardians and under the supervision of an adult leader.
3. I will not possess or use prohibited explosives, fireworks, or weapons
4. I will treat other people's property with respect and cause no form of vandalism or destruction to any private or church property.
5. I will treat adult leaders and other members of the youth group with respect.
6. I will cause no emotional or physical injury to myself or others.
7. I will respect others by avoiding inappropriate sexual activity, and will not engage in sexual misconduct, which includes but is not limited to inappropriate jokes, comments, or touching; viewing inappropriate materials; wearing clothing that is immodest, offensive, vulgar or inappropriate; or listening to music with offensive lyrics.
8. I will not participate in inappropriate forms of public displays of affection (PDA).
9. I will relinquish my cell phone or other electronic devices to the leaders if they request me to do so during youth events.
10. I will be responsible for my actions and will act in a Christian manner.

In addition to these promises, I agree to work in harmony with the leaders and members of the group by participating in activities, and I will respect the opinions of others and care for my peers as sisters and brothers in Christ. I agree to listen and adhere to all the instructions by the adult leaders.

If I am eighteen (18) years of age or older, I understand that I am attending this activity as a participant and have no authority over any other participants. I am not attending as a leader, supervisor, counselor, junior counselor, or in any other role which might imply supervisory authority.

I understand that if I fail to comply with any of the above promises I will be held personally responsible for any injuries or property damage that may result from my actions. Depending upon the nature and severity of the violation, I understand that I may be reprimanded, that my parents may be notified of my behavior, that I may be removed from the activity at my parent or guardian's expense, that I may be referred to local law enforcement, and that my future privilege to participate in Reynoldsburg Community Church youth events may be jeopardized.

Youth Name _____ Youth Signature _____ Date _____
(Please Print)