



YOUTH MINISTRY ONE FORM

Student Name: _____

Parent One Info:

Name:

Mobile Phone:

Email:

Occupation:

Family Mailing Address:

Student Birthday: _____ / _____ / _____
(Month) (Date) (Year)

Student Mobile Number:

Student Email:

Parent Two Info:

Name:

Mobile Phone:

Email:

Occupation:

School Name:

Grade:

If parents are separated, who will be primary contact for youth ministry?

STUDENT'S MEDICAL HISTORY

List of current prescriptions & dosages:

Allergies:

Dietary Needs/Restrictions:

Medical or behavioral conditions?

Doctor Name & Phone:

Insurance Company

Policy & Group #

Employer/Provider

EMERGENCY CONTACT 1: _____
(NAME/RELATIONSHIP/PHONE #)

EMERGENCY CONTACT 2: _____
(NAME/RELATIONSHIP/PHONE #)



Permissions & Agreements

Parents, please initial each and circle preference where available.

____ My youth may take part in off-campus trips/events under supervision of a representative of University UMC.

____ I understand photos of my child may be used in church promotional materials, both printed and online.

____ The youth pastor and approved leaders may text / email my child.

____ I wish to be included in texts to my child.

Texts are almost always sent as Group Messages to help keep small groups connected.

"Approved leaders" have had background checks, been Safe Sanctuary trained in appropriate use of texting with students.

____ I understand the Youth Ministry Participation Covenant and agree to adhere to it.

Students, please sign: I understand the Youth Ministry Participation Covenant and agree to keep it.

Student Signature

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & RELEASE OF LIABILITY

I, _____, hereby authorize a representative of University United Methodist Church to give consent for medical treatment of my child,

_____, in the event of illness or injury. I further release University United Methodist Church Chapel Hill, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church events and/or trips as long as they were following protocol as outlined in their own Safe Sanctuary Policy. In case of emergency, I understand that every effort will be made to contact me as a parent/guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. This authorization is effective for the individual named above for the period of August 25, 2019 through September 10, 2020.

(Print Name of Parent or Guardian)

(Signature of Parent or Guardian)

(Date)