



Sheboygan Evangelical Free Church
Student Ministries 2018-2019
Permission Form

(Please Print All Information)

STUDENT INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address _____

Secondary Address _____

Student Email _____

Student Home Phone _____ Student Cell Phone _____

PARENT/ LEGAL GUARDIAN INFORMATION

Name _____ Email _____

Address (if different from primary) _____

Primary phone number _____ Home / Work / Cell

Secondary phone number _____ Home / Work / Cell

PARENT/ LEGAL GUARDIAN INFORMATION

Name _____ Email _____

Address (if different from primary) _____

Primary phone number _____ Home / Work / Cell

Secondary phone number _____ Home / Work / Cell

EMERGENCY CONTACT

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

PARENTAL CONSENT

I, the undersigned, give permission for my child _____ (child's name) hereafter ("Participant"), to attend and participate in all Sheboygan Evangelical Free Church Student Ministries' activities, events, and transport during the period of September 1, 2018 to August 31, 2019.

LIABILITY RELEASE: In consideration of Sheboygan Evangelical Free Church allowing the Participant to participate in Student Ministries (Practices, Activities, Events, Transport) I, the undersigned, do hereby release, forever discharge and agree to hold harmless Sheboygan Evangelical Free Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") 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 whatsoever which may be incurred by the undersigned and the Participant while involved in Student Ministry activities. I, the parent or legal guardian of this Participant, hereby grant permission for the Participant to participate fully in the Student Ministry activities, including trips away from the church premises. Furthermore, 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 activities involved therein. I, the undersigned, further agree to hold harmless and indemnify said 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, the undersigned, 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 and 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. I understand I am liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child Participant pursuant to this authorization.

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

TRANSPORTATION PERMISSION: I, the undersigned, also give permission for Participant to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in Student Ministries' activities. My child and I understand that **SEAT BELTS MUST BE WORN AT ALL TIMES** during transportation.

Name of Student Participant Signature of Student Participant Date

Name of Parent/Guardian Signature of Parent/Guardian Date



Sheboygan Evangelical Free Church
Student Ministries 2018-2019
Medical Release

(Please Print All Information)

STUDENT INFORMATION

Youth Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

PRIMARY CARE PHYSICIAN

Name _____

Phone(s) _____ Fax _____

Name of practice _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company _____ Phone _____

Member/Policy/Group ID# _____

Policy Holder/Member Name _____

Required: Attach a copy of medical insurance card, front and back.

DENTIST

Name _____

Phone(s) _____ Fax _____

Name of practice _____

INSURANCE INFORMATION

Dental Insurance Company _____ Phone _____

Member/Policy/Group ID# _____

Policy Holder/Member Name _____

Required: Attach a copy of dental insurance card, front and back.

MEDICATION:

List all medications the student will take during any ministry trips, activities, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

Over-the-Counter Medication Permission: Do you give permission for your child participant to be given over-the-counter medication as needed and as directed on the label, at the discretion of the Student Ministries' adult leader, to treat non-emergency medical conditions (that do not require a doctor or hospital visit) such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a Student Ministry event?

Yes. Parent Signature _____

No. Contact me or get medical help if my child has any minor medical concerns.

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.



Sheboygan Evangelical Free Church
Student Ministries 2018-2019
Photo Release

I agree that Sheboygan Evangelical Free Church may photograph and record my child/participant's likeness (Images)¹ during Student Ministries' activities and events. I grant the following rights to Sheboygan Evangelical Free Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s)¹ taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above. I understand that photos of children will never contain personally identifiable information, as indicated in the Sheboygan Evangelical Free Church Social Media Policy.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Sheboygan Evangelical Free Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

<hr/>	<hr/>
Child's Name (print)	Parent/Guardian's Name (print)
x	
<hr/>	<hr/>
Parent/Guardian's Signature	Date
<hr/>	<hr/>
Street Address	City, State, Zip
<hr/>	<hr/>
Parent/Guardian's Email	Phone

¹ Image means all photographs, film, or other recordings taken of you as part of the Shoot.