



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
Bible Quiz Team Medical Release**

Effective Dates: September 1, 2018 — June 30, 2019

(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. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult Bible Quiz leader in their original containers with complete dispensing instructions before the start of the event or trip. Students are not permitted to carry any prescription or non-prescription medication unless written permission is granted by a Bible Quiz leader and will be sent home at the parent/guardian's expense if they do.**

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.



Evangelical Free Church
Student Ministries 2018-2019
Bible Quiz Team
Covenant of Community Expectations

The following rules and guidelines are equally binding on adult leaders, chaperones and students.

NON-NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- Presence at, and full participation in, all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Coed visitation only in assigned community room
- Smoking and the use of tobacco products are not allowed to, from, or during any trip
- Will not break any American laws in the United States or any other country

GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Adults and students will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

Statement of Agreement: By signing this form, I pledge to honor God and respect others during this activity by following the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

x _____
Signature (Student Participant or Adult Leader) Date

Parent/Guardian's Statement: By signing this form, I agree to support the Sheboygan Evangelical Free Church Expectations printed above, and will accept responsibility for the payment of my child's return transportation should s/he break one of the non-negotiable rules.

x _____
Parent/Guardian's Signature Date

