

SAINT JOHN THE APOSTLE UNITED METHODIST CHURCH (SJAUMC)

AUTHORIZATION AND RELEASE FORM

Name: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Social Security #: _____ Sex: _____ Age: _____ Date of Birth: _____

Parent/Guardian 1: _____ Phone:(work) _____ (cell) _____

Parent/Guardian 2: _____ Phone:(work) _____ (cell) _____

Other emergency contact name and number: _____

List ALL health restrictions, conditions, and information (i.e. allergies, medications, diet) SJAUMC youth leaders would need to be aware of to care for your child:

Any youth under the age of 18 will be required to give ALL medications to SJAUMC youth leaders before any overnight youth event. Please list ALL medications to be taken, dosage instructions, and times to be taken (please send in original containers):

Physical limitations: _____

Family Doctor: _____ Phone #: _____

Medical Insurance Co.: _____ Policy #: _____

Main Carrier's Name: _____ Social Security #: _____ Date of Birth: _____

Do you give permission for SJAUMC youth leaders to give over-the-counter medication (Tylenol, Advil, Benadryl, etc.) to your child as needed and as directed on the label to treat non-emergency medical conditions (minor headache, stomach ache, or allergic reaction) that do not require a doctor or hospital visit?

YES NO, contact me or child's other parent/guardian/emergency contact before giving any medicine

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY

To whom it may concern: _____ has my/our permission to go on retreats, trips and other onsite or offsite events in conjunction with the Youth Ministry of SJAUMC.

We, _____, parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with youth from SJAUMC, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care which is deemed advisable by, and is rendered to my child under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of licensed hospital or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or facility. I also agree to pay for all charges related to the care of my child. I knowingly release, absolve, indemnify and hold harmless SJAUMC and its agents and employees from any and all liability or claims that might result from any sickness, injury, or death of any minor. I/We have read and understand the above document. By signing this document we hereby release SJAUMC from any and all liability for personal injury or damage to property, and we assume all risk of accidental personal sickness, injury, or death of any minor as a result of the minor's participation in the recreation and work activities of SJAUMC events.

Print Name _____ Date _____

Signature of Parent or Guardian _____ Relationship to Minor _____

TRANSPORTATION AUTHORIZATION

I, _____, give my child, _____, permission to ride with a SJAUMC youth leader or approved driver. Seat belts will be required for ALL SJAUMC drivers and passengers. I understand that care will be taken to ensure the health, safety, and welfare of my child during any and all transportation.

Parent/Guardian Name: _____ Signature: _____ Date: _____

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COVENANT OF CONDUCT

In all meetings, retreats, local trips or other events under the sponsorship and/or guidance of my church I am a representative of Christ and the Christian community and I am responsible for my actions. I understand the following:

- 1) All conduct shall be in keeping with the highest Christian regard and respect for ALL persons. No hazing or abuse of any kind will be allowed.
- 2) All individuals will be expected to participate in and be present for all group activities. Cell phone and all other electronic device usage will be limited during group activities, and SJAUMC youth leaders reserve the right to collect electronic devices in order to limit their usage.
- 3) Any common area used for the meeting, retreat or other event shall be kept clean.
- 4) The illegal purchase, possession, and use of drugs, tobacco, and alcoholic beverages shall be prohibited.
- 5) Inappropriate sexual and/or physical behavior is prohibited. Pornographic materials, weapons, fireworks, and any related products are prohibited from SJAUMC events. Illegal activity of any kind (vandalism, shoplifting, etc.) will not be tolerated.
- 6) My conduct and dress shall be appropriate so that by my manner, language, attitude, service and presence, other people will see Christ through me.
- 7) All individuals will be expected to respect and refrain from damaging any vehicles, property, or facilities owned by or under the care of SJAUMC. Individuals may be financially responsible for damage caused to the vehicles, property, or facilities by their own negligence.

I have read and understand the Covenant of Conduct above and will abide by it. I understand SJAUMC and SJAUMC leaders reserve the right to determine any inappropriate, unsafe behavior. I understand that, if I break the SJAUMC covenant of conduct or if my behavior endangers the well-being of any SJAUMC youth or associated individual(s), SJAUMC youth leaders reserve the right to send me home from any SJAUMC sponsored event. In the event of any situation where a child must be sent home, the child's parent/guardian will be responsible for any incurred cost.

Signature of Participant (Youth) _____ Date _____
 Signature of Parent _____ Date _____

For Notary Public Use

State of Texas, County of _____
 Before me on this day personally appeared _____,
 the person whose name is subscribed to the foregoing instrument and
 acknowledged to me that he/she executed the same for the purposes and
 consideration therein expressed.
 Given under my hand and seal of office
 this _____ day of _____, _____.

Notary Public, State of Texas

Notary Seal Required