



Trinity Oregon City Youth Ministry Universal Permission Form

Effective Dates: January 1, 20__ — December 31, 20__

Youth Information			
Name	Grade	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nickname	School		
Primary Address	City	State	Zip
Youth Email	Youth Home Phone	Youth Cell Phone	
Parent/Guardian Information			
First & Last Name		First & Last Name	
Email		Email	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
Work Phone		Work Phone	
Primary Care Physician			
Name	Phone	Fax	
Name of Practice		Date of Last Tetanus Shot	
Insurance Information			
Medical Insurance Company		Phone	
Policy/Group ID#	Policy Holder's Name		
Medical Conditions: PLEASE ANSWER IN DETAIL IF APPLICABLE OR WRITE N/A			
1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):			
2. List any allergies (drug/medicine, food, and/or environmental), 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.			
<p>Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, 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 youth ministry event?</p> <p><input type="checkbox"/> No. Contact me or get medical help if my child has any minor medical concerns.</p> <p><input type="checkbox"/> Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical condition.</p>			



Parental Consent

The undersigned does hereby give permission for my child (youth name listed below) (“Participant”), to attend and participate in any Trinity Evangelical Lutheran Church (“Trinity Oregon City”) (“Church”) children/youth ministry activities, events, retreats and childcare.

LIABILITY RELEASE: In consideration of Trinity Oregon City allowing the Participant to participate in children/youth ministry (Sunday worship, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Trinity Oregon City, 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 the activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, 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 work activities involved therein. The undersigned further hereby agrees 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 authorize an adult, in whose care my child 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. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

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

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by the Church. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

PHOTO RELEASE: I understand that Trinity Oregon City may photograph and record my child/dependent during church-related activities. I grant Trinity Oregon City permission to use, publish, and modify any images taken for church editorial, advertising, website or social media. Opt out

Youth Participant printed Name	Youth Participant Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date