



# United Church of Rowayton Anchors 2021-2022

## Universal Permission Form

Effective Dates: September 2021 — August 2022

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### YOUTH INFORMATION

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### PARENT/ GUARDIAN CONSENT

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in any Anchors ministry activities, events, retreats and childcare during the period of September 2021 - August 2022.

**LIABILITY RELEASE:** In consideration of United Church of Rowayton allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless United Church of Rowayton, 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 children/youth 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 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. 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 or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child or youth 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/youth to ride in any ve-

hicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by United Church of Rowayton. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

\_\_\_\_\_  
Name of youth participant                      **x**                      \_\_\_\_\_  
Signature of youth participant                      Date

\_\_\_\_\_  
Name of parent/guardian                      **x**                      \_\_\_\_\_  
Signature of parent/guardian                      Date

# MEDICAL INFORMATION

## NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

## PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required) \_\_\_\_\_

## INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy/Group

ID#: \_\_\_\_\_ Policy Holder's Name

(please print): \_\_\_\_\_

**Required:** Attach a copy of medical insurance card here.

## MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, 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 youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication 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/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?

**No.** Contact me or get medical help if my child has any minor medical concerns.  
Parent signature \_\_\_\_\_

**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 conditions.  
Parent Signature \_\_\_\_\_

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

1. List any medical conditions you have (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.

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Parent/Guardian Signature Date