**REGISTRATION AND PERMISSION FORM**

2024-2025

**YOUTH INFORMATION**

Name Grade DOB Gender

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: e.g. home, work)

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

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, 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 vehicle 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.

I understand that by signing the Electronic Signature that it is the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

eSignature 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 Number

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 prescriptions 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** |
| *Example: Zyrtec* | *5 mg* | *Seasonal allergies* | *One pill daily with morning food* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Over-the-Counter Medication Permission:** Do you give permission for your child to be given over-the-counter medication as needed and 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, Bendryl, while at a youth ministry event?

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

Parent/guardian eSignature

**YES** I give permission for an adult youth leader to give my child approved over-the-counter

medications as directed on the label on an as needed basis to treat non-emergency medical

conditions.

Parent/guardian eSignature

MEDICAL CONDITIONS

Please answer in detail if applicable or write N/A. Attach additional papers if necessary.

1. List any medical conditions your child/youth has (asthma, diabetes, epilepsy, etc.)
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type or reaction
3. Please explain any other pertinent information about the participant, e.g. physical, behavioral, or emotional, that would be important for the adult leaders to know.

I understand that by signing the Electronic Signature that it is the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

eSignature of Parent/Guardian Date