

Information, Consent, and Standards Form



In order for youth to participate in youth ministry activities or trips, both sides of this form must be completed and signed by parent(s), legal guardian(s), and youth.

Full Name of Youth _____

Grade _____ Age _____ Date of Birth ____ / ____ / ____ Cell Number _____ Home Number _____

Address _____ City _____ State _____ Zip _____

	Mother/Legal Guardian	Father/ Legal Guardian
Name		
Home phone		
Work phone		
Cell/Pager		
Fax		
Email		

Medical insurance company _____ Insurance Group # / Policy # _____ Billing Address _____

Emergency contact person & number(s) _____ Relationship to minor _____

My youth's primary physician _____ Office Phone _____

PLEASE GIVE US A COPY OF BOTH THE BACK AND FRONT OF YOUR YOUTH'S MEDICAL INSURANCE

Allergies or Medical Conditions:

- Asthma Allergies (*describe*) _____
- Diabetes Medications (*reason, name, dosage - describe details below*) _____
- Seizures Reaction to medications (*describe below*) _____

In the space below, please describe any illness or condition which the ministry team or a treating physician should be aware, and what, if any, limitation for activity or action of protection is required. An additional sheet may be attached if needed. All information will be treated confidentially.

Consent for Participation

I/We the undersigned have legal custody of the youth named above, a minor, and have given our consent for him/her to attend and participate in all Youth events organized by St. Matthew's United Methodist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

Consent for Transportation

I/We give permission for the above named youth to be transported during St. Matthew's youth events. Transportation may be by Church van, private vehicle, or other conveyance. I understand that there will be supervision for each trip and that all passengers will be required to comply with church rules for travel. I also understand that the Church provides no insurance for transportation other than standard liability insurance coverage. I/we are responsible for transportation to and from any event, and this may be done by youth licensed to drive with my/our permission. I/we also agree to bring my/our youth home at my/our own expense should they become ill or if deemed necessary by a youth ministry team member.

(Please complete the other side)

Name of Youth _____

Consent for Medical Treatment

In the event that the youth named above is injured and requires the attention of a doctor, I/we consent to the rendering of routine or emergency medical/dental care necessary to preserve the health of our (my) youth, including diagnostic, medical and surgical treatment by authorized members of a outpatient, emergency or hospital staff or their designees, as may in their professional judgment be necessary. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth named above. I also authorize first aid to be administered as judged to be needed by ministry staff.

Consent for Photography

I/We give permission for photographs or video of the above name youth to be taken during St. Matthews Youth events. These images could be used in publications, multimedia presentations, include on our web pages, or to store for the purposes of archiving. Web images will not identify youth by name, and will not be used for commercial purposes.

St. Matthew's Youth Community Standards

As a ministry of St. Matthew's UMC, we expect each youth and adult to meet these community standards. Details and policies for these standards are found in the SMUMC Youth Community Standards document.

1. We will be respectful and welcoming to all youth and adults.
2. We will follow leader instructions and event schedules.
3. We will fully participate with the group activities. Early youth departures require permission by a leader.
4. We will respect all property at church or other event locations.
5. We shall refrain from
 - a. abusive, malicious, or offensive language
 - b. possession or use of alcohol, drugs, or tobacco
 - c. fighting, weapons, fireworks, lighters, or explosives
 - d. offensive or immodest clothing
 - e. public displays of affection, sexual misconduct, or harassment.
6. Adults are to drive during ministry events as detailed in the SMUMC Child/Youth Protection Policy.
7. Males will not enter female sleeping quarters and females will not enter male sleeping quarters.
8. During designated free time, Sr. High youth will be in groups of at least three, and Jr. High youth will be with leaders.
9. Use of mobile phones, computers, or media players is at the discretion of leaders.
10. Some events and trips require previous participation and demonstrated observance of community standards.

Any youth who does not act in accordance with these expectations may be sent home at their parents' expense, and limits or other conditions may be placed by ministry leadership on future participation. Youth and their parent(s) will also be responsible for any property loss or damage they have caused.

I/We have provided the above information, have read and consent to my/our youth's participation, transportation, medical care and photography. I/We have also read and agree to the St. Matthew's Youth Community Standards. I/We understand that this consent will apply to all situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect for one year from date signed or written revocation is made.

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

I would like to participate in the St. Matthew's Youth Community and will follow the community standards.

Youth Signature: _____ Date: _____