**Cook’s Memorial Presbyterian Church (CMPC) Youth Ministry**

**Information, Consent, & Standards Form**

It is the goal of CMPC Youth Ministry to provide a safe and secure environment for every participant, as well as leaders and advisors. In order for youth to participate in youth ministry activities or trips outside of regular Sunday night fellowship, all pages of this form must be completed and signed by parent(s), legal guardian(s), and youth.

Full name of Youth:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Mother/Legal Guardian | Father/Legal Guardian |
| Name |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Work Phone |  |  |
| Email |  |  |

Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Group/Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth’s Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications (name, dosage):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reactions to Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CMPC Information & Consent Form**

Name of Youth(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Youth events organized by CMPC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its employees, 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 CMPC Youth events. Transportation may be by 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. All drivers must be at least 21 years of age, must complete a Driver Certification form and be approved by CMPC. 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 the church facility for any event.

**Consent for Medical Treatment**

I/We authorize simple first aid (including Advil or Ibuprophen) to be administered as judged to be needed by ministry staff. Additionally, in the event that the youth named above is injured beyond requiring simple first aid treatment or becomes seriously ill 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 my/our youth, including diagnostic, medical and surgical treatment by authorized members of an outpatient, emergency or hospital staff or their designees, as may in their professional judgment be necessary. I/We understand that should my/our youth require the attention of a doctor I/we or a listed emergency contact will be summoned as soon as possible. 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.

**Consent for Photography**

I/We give permission for photographs or video of the above named youth to be taken during CMPC Youth events. These images could be used in publications, multimedia presentations, included on our web page, Facebook page, blog site or other social media sites used by the ministry, or to store for the purposes of archiving. Web images will not identify youth by name and will not be used for commercial purposes.

**Consent for Communication**

I/We give permission for ministry team members to communicate with my/our youth via texting, email, Facebook or other social media, or phone to provide information about youth events, to answer questions, share prayer concerns and maintain appropriate ministry team member/youth connections. CMPC Youth employees and advisors are instructed to maintain appropriate guidelines when communicating with youth.

**CMPC Youth Ministry Standards**

As a ministry of Cook’s Memorial Presbyterian Church, we expect each youth and adult to meet these community standards.

1. We will be respectful and welcoming to all youth and adults.

2. We will follow leader instructions and event schedules.

3. We will respect all property at church or other event locations.

4. We will fully participate with group activities. Early youth departures require permission by a leader.

5. Youth will notify an adult when they are leaving at the end of a youth event.

6. 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. Sexual misconduct or harassment

7. Males will not enter female sleeping quarters and females will not enter male sleeping quarters.

I/We have provided the above information, have read and consent to my/our youth’s participation, transportation, medical care, photography and communication. I/We have also read and agree to the CMPC Youth Ministry Standards. I/We understand that this consent is to remain in effect for one year from the date signed or written revocation is made.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Youth Information:**

Full name of Youth:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Youth Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_