Grace Presbyterian Church

4300 W. Park Blvd. Plano, TX 75093 (972) 596-6233

Children/Youth Ministry Universal Permission Form

Effective Dates: August 1, 2024 — July 31, 2025

A completed Universal Permission Form is required for any child (preschool-5th grade) or youth (6th-12th grade) to participate in a Grace Presbyterian Church sponsored children or youth ministry event. Once submitted, this form is kept on file until the expiration date above. Provide updates to the church office as changes occur.

CHILD/YOUTH INFORMAT	' <u>ion</u> (please print)	
Name		Nickname	
DOB	School		Grade
Primary Address			
Youth Email			
Youth Cell Phone			
PARENT/ GUARDIAN INFO	<u>ORMATION</u>		
Name(s)			
Parent/ Guardian Emai	il(s)		
List ALL parent/guardiar type i.e. home, dad's c	•	n the best order to be rea	ched (please specify
	·	Type?	
Phone #2		Type?	
		Type?	
Non-Parent Emergen	CY CONTACT #1		
Name	#		
Relation?			
NON-PARENT EMERGEN	CY CONTACT #1		
Name	#		
Relation?			

MEDICAL INFORMATION

CHILD/YOUTH INFORMATION (Please Print)				
Full Nar	me			
<u>PRIMAI</u>	RY CARE PHYSICIAN			
Physicia	an's Name			
Phone(s	s)Fax			
Date of	last Tetanus shot (required)			
INSUR/	ANCE INFORMATION			
Medical	Insurance Company: Phone:			
Policy/G	Group ID#:			
	lolder's Name (please print):			
COPY	DF INSURANCE CARD (REQUIRED)— Please attach to form.			
MEDIC	ATION:			
any pre- participa their or event. (medica home in	nedications the child/youth will take during any trips, retreats, or events. This includes scription, non-prescription medications, herbal supplements and vitamins. Any ant under the age of 18 is required to give ALL MEDICATIONS to the adult leader in iginal containers with complete dispensing instructions before the start of the Children/Youth are not permitted to carry any prescription or non-prescription tion during a children's/youth event. If this occurs, the child/youth will be sent mmediately at the parent/guardian's expense. tion Name/Dose/Treatment for/Dispensing instructions e: Zyrtec/5mg/Seasonal allergies/Take one pill daily in the morning with food			
given over the second of the s	re-Counter Medication Permission: Do you give permission for your child/youth to be ver-the-counter medication as needed and as directed on the label, to treat non-ney medical conditions that do not require a doctor or hospital visit such as a minor ne, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a 's/youth ministry event? No. Contact me or get medical help if my child/youth has any minor medical concerns. Parent Signature Yes. I give permission for an adult leader to give my child/youth 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 of child/youth (asthma, knee injury, epilepsy, wears contacts, etc.):
2.	List any allergies and the severity and type of reaction (drug/medicine, food, environmental):
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.

Additional Information:

LIABILITY RELEASE: In consideration of Grace Presbyterian Church allowing the Participant to participate in children/youth ministry (Sunday worship, Youth Group, Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Grace Presbyterian Church, its pastor, 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. I, the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities, 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.

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 youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child/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 (21 years of age or older) while attending and participating in activities sponsored by GracePC Plano. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

	No, my child does not swim and/or I do not give permission for my child to swim.
DADEA	TAL CONSENT/SIGNATURE (Read and sign below)
PAREN	NTAL CONSENT/SIGNATURE (Read and sign below)
	NTAL CONSENT/SIGNATURE (Read and sign below) dersigned does hereby give permission for my child/youth
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PAREN	NTAL CONSENT/SIGNATURE (Read and sign below)
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	No, my child does not swim and/or I do not give permission for my child to swim.
	Yes, my child can swim and I give permission for them to swim at Grace Presbyterian Church swimming events.
	ISSION TO SWIM: For events where swimming is involved, please indicate whether or not your buth can swim.
	ICCIONI TO CIA/IM- For a set of the set of t
	No. I do not want such images published of my child.
	Yes. I give permission for my child's photos to be used as described.
	Presbyterian Church for online and/or print publications. Children/Youth will not be identified by n publications.
Grace	Presbyterian Church for online and/or print publications. Children/ Fourth will not be identified b

PHOTO PERMISSION: During Grace Presbyterian Church Plano events, staff or volunteers will



Youth Ministry Covenant of Community Expectations

The following rules and guidelines are equally binding for youth and adult leaders/chaperones. **Non-Negotiable Rules**

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Coed visitation only in assigned community room
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- Will not break any American laws in the United States or any other country.

GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

Youth Participant's (or Adult Leader's) Statement: By signing this form, I pledge to honor God and respect others during this activity by following the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

x	
Youth Participant's (or Adult Leader's) Signature	Date
Parent/Guardian's Statement : By signing this form, I agree to support the Community Expectations printed above and will accept responsibility for the payment return transportation should s/he break one of the non-negotiable rules.	
xParent/Guardian's Signature	Date