

Youth Group Covenant and Medical Release

Setauket Presbyterian Church
Setauket, NY

YOUTH GROUP COVENANT OF BEHAVIOR (To be initialed by the youth)

Your initial in front of each statement signifies your agreement to that statement

- _____ I will participate fully in all planned group activities, trying my best to learn and grow while having a good time with the other youth and leaders.
- _____ I will remain with the group at all times, and I will remain with the adults at all time.
- _____ I will adhere to the No alcohol, No drugs, No sexual-acting-out policy.
- _____ I will adhere to the No smoking policy.
- _____ I will adhere to the No cell phones or texting policy.
- _____ I will show respect for other persons participating in the event, and I will care for the property of the facility and other persons as if it were my own.
- _____ I will show proper respect for my leaders and peers.
- _____ I understand that failure to abide by this covenant will result in the adult leaders contacting my parents and discussing appropriate responses to the situation.

PERMISSION SLIP and MEDICAL RELEASE (to be completed by a Parent/Guardian)

Parent/Guardian Name(s) _____

Address _____

Phone # (home) _____ (work) _____ (cell) _____

Other Phone #'s where you can be reached during the event _____

Additional emergency contact:

Name _____ Address _____

Phone # (day) _____ Phone # (eve) _____ Relationship: _____

Insurance *(If none, please indicate that)*

Insurance Company _____ Policy # _____

Allergies - Please List _____

Other Medical Information _____

Is the youth taking any medication? *(If none, please indicate that)*

<u>Medication Name</u>	<u>Dosage Frequency</u>	<u>Taken For</u>
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I give permission for my child to be given the following over-the-counter medications during this event (please *initial* each medication for which you give permission):

_____ Ibuprofen _____ Acetaminophen _____ Benadryl _____ Dramamine

I hereby give permission for my daughter/son _____ to attend the (event) _____ on (date) _____.

In the event I cannot be reached, I hereby authorize my daughter/son _____ to receive medical attention necessary while a participant at the youth event. I authorize my child's youth advisor or any advisor 25 years of age or older to act on my behalf in these medical matters.

Parent / Guardian Signature

Date