

### Youth Group Event Permission Form

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*)

Medication Name

Dosage Frequency

Taken For

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 event. I authorize any church volunteer 25 years of age or older to act on my behalf in these medical matters.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date