

# Student Ministry 2023-2024 Universal Permission Form

Effective Dates: August 1, 2023– July 31, 2024

YOUTH INFORMATION			
Name	Grade	DOB	Male/Female
Nickname	School	:	
Primary Address:			
Secondary Address:			
Youth Email			
Youth Home Phone			
PARENT/ GUARDIAN INFORMA Name(s)			
Email(s)			
List all phone numbers where			
Name	#		Type?
EMERGENCY CONTACT			
Name	#	Relat	ion?
Name	#		ion?

#### PARENTAL CONSENT

Name of parent/guardian

ZAMERA VALUE OF TORRIVA		
The undersigned does hereby give permission for attend and participate in any HighPoint Churc - July 31, 2024.		
LIABILITY RELEASE: In consideration of Hig (Sunday worship, Wednesday meetings, Activiti forever discharge and agree to hold harmless H (collectively herein the "Church") from any and as well as property damage and expenses, of any Participant while involved in the children/yout	ies, Events, Retreats, Lock-Ins, Trips), ighPoint Church, its pastors, directors I all liability, claims or demands for acy nature whatsoever which may be incu	I, the undersigned, do hereby release, s, employees, volunteers and teachers cidental personal injury, sickness or death,
I the parent or legal guardian of this Participant ministry activities, including trips away from the assume all risk of accidental personal injury, sic work activities involved therein. The undersign liability sustained by said Church as the result of incurred attendant thereto.	e church premises. Furthermore, I, on kness, death, damage and expense as a ed further hereby agrees to hold harm	behalf of my minor Participant, hereby a result of participation in recreation and less and indemnify said Church for any
MEDICAL TREATMENT PERMISSION: I au emergency x-ray examination, anesthetic, medic the minor under the general or special supervis the Medical Practice Act on the medical staff of agrees to pay all costs and expenses incurred in aforementioned child or youth pursuant to this	eal, surgical or dental diagnosis or treat ion and on the advice of any physiciar f a licensed hospital or emergency care connection with such medical and de	tment and hospital care, to be rendered to n or dentist licensed under the provisions of facility. The undersigned shall be liable and
EARLY RETURN HOME POLICY: Should it disciplinary action or otherwise, the undersigne		
TRANSPORTATION PERMISSION: The unc vehicle driven by an approved and licensed AD HighPoint Church. My child/youth and I unde transportation.	ULT chaperone while attending and p	participating in activities sponsored by
	x	
Name of Student	Signature of Student	Date

Signature of parent/guardian

Date

## **MEDICAL INFORMATION**

## STUDENT INFORMATION (Please Print)

Student Full Name			Nicknar	me
Home Address				
Home Phone DOB				
PARENT/GUARDIAI	N CONTAC	CT INFORMATION		
Parent/Guardian Name	e(s):			
•	-		ler to be reached:	
		IERGENCY CONTAC	<u>rs</u>	
Name:		Rela	tion:	
Phone(s):				
PRIMARY CARE PH	<u>YSICIAN</u>			
Name:				
Phone(s)				
Name of practice:				
Date of last Tetanus sho	ot (required	)		
INSURANCE INFOR	<u>MATION</u>			
Medical Insurance Con	npany:		Phone:	Policy/Group
ID#:				Policy Holder's Name (please
print):				
Required: Attach a cop	y of medica	l insurance card here.		
MEDICATION:				
prescription, non-prescr required to give ALL M dispensing instructions	ription med (EDICATION)  Sobefore the	lications, herbal supplem DNS to the adult youth start of the event. Yout	leader in their original con	rticipant under the age of 18 is ntainers with complete ry any prescription or non-
Medication Name	Dose	Treatment for	Dispensing instruction	ons
Example: Zyrtec	5mg	Seasonal allergies	Take one pill daily in th	ne morning with food
medication as needed a doctor or hospital visit Benadryl) while at a you	nd as direct such as a m ath ministry e or get me	ted on the label, to treat inor headache, stomacha y event?	non-emergency medical co	th to be given over-the-counter nditions that do not require a e. Tylenol, Advil, antacids, rns.

<b>Yes.</b> I give permission for an adult youth leader to give my child 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 you have (asthma, diabetes, epilepsy, etc.):
- 2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
- 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.

### **HIGHPOINT YOUTH EXPECTATIONS**

#### **NON-NEGOTIABLE RULES**

- No use of illicit drugs, smoking, or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other timerelated instructions
- No purpling (Defined as boys (blue) and girls (pink) touching, holding hands, hugging, or any other form of contact between a male and female student) . We are on a trip to Worship and become closer to God, not to be with a boyfriend / girlfriend
- Must be in assigned rooms or at the assigned place by designated time
- Coed visitation only with permission from, and the presence of an adult / chaperone.
- Cell phones are to be carried / used only at the discretion and direction of an adult / chaperone. (If found on a student during a no cell time of the trip, the phone could be taken and held by an adult to be returned at the end of the trip)

#### Procedure for breaking the Rules

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

In most cases we will use the below set of guidelines when a rule is broken

- 1. The first time ~ A warning will be given to the student.
- 2. The second time  $\sim$  The parent / guardian will be contacted .
- 3. The third time ~ The student will be sent home immediately at personal / family expense

by following the rules and guidelines printed above. I completed form is on file.	understand that I cannot participate in the activity unless this
x	
Youth Participant's Signature	Date
, 0	, I agree to support the Expectations printed above, and will urn transportation should s/he break one of the non-negotiable
xParent/Guardian's Signature	 Date

Student Participant's Statement: By signing this form, I pledge to honor God and respect others during this activity

## HighPoint Church Photo Release Form for Students

I agree that HighPoint Church may photograph and record my child/dependent's likeness and activities (Images)¹ during church-related activities. I grant the following rights to HighPoint Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge HighPoint Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Student's Name (print)	Parent/Guardian Name (print)	
-	·	
x		
Parent/Guardian Signature	Date	
Street Address	City, State, Zip	
otreet / Kutress	Oity, Otate, Lip	
Parent/Guardian Email	Phone	

<sup>&</sup>lt;sup>1</sup> Image means all photographs, film, or other recordings taken of you as part of the Shoot.