



# 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 \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_



# MEDICAL INFORMATION

## STUDENT INFORMATION (Please Print)

Student Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

List all parent/guardian contact phone numbers in best order to be reached: \_\_\_\_\_

## NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

## PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required) \_\_\_\_\_

## INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy/Group

ID#: \_\_\_\_\_ Policy Holder's Name (please

print): \_\_\_\_\_

**Required:** Attach a copy of medical insurance card here.

## MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

**Over-the-Counter Medication Permission:** Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

**No.** Contact me or get medical help if my child has any minor medical concerns.

Parent signature \_\_\_\_\_

**Yes.** 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 time-related 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 ~ The parent / guardian will be contacted .
3. The third time ~ The student will be sent home immediately at personal / family expense

**Student Participant'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 Signature Date

**Parent/Guardian's Statement:** By signing this form, I agree to support the Expectations printed above, and will accept responsibility for the payment of my child's return transportation should s/he break one of the non-negotiable rules.

x \_\_\_\_\_  
Parent/Guardian's Signature Date

## HighPoint Church Photo Release Form for Students

I agree that HighPoint Church may photograph and record my child/dependent's likeness and activities (Images)<sup>1</sup> 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.

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Student's Name (print)

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Parent/Guardian Name (print)

x

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Parent/Guardian Signature

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Date

---

Street Address

---

City, State, Zip

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Parent/Guardian Email

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Phone

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