



CHAOS Student Ministries 2018 Universal Permission Form

Effective Dates: January 7, 2018 - December 31, 2018

STUDENT INFORMATION

Full Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address _____

Secondary Address _____

Student Email _____

Student Home Phone _____ Student Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where a 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

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) _____ Fax: _____

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 student will take during any youth ministry trip, retreat, or event. This shall include any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the Student Ministries Pastor in there original container with complete dispensing instructions before the start of the event.** Students 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>
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Over-the-Counter Medication Permission: Do you give permission for your child/student 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 condition your child has (asthma, diabetes, epilepsy, etc.):
2. List any allergy (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.

CHAOS Student Ministries Covenant of Community Expectations

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

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 locations by curfew
- Smoking and the use of tobacco products are not allowed at any time during any trip
- Will not break any American laws in the United States or any other country

GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Student will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Student will be respectful of both common spaces and the property of others.
- Student 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.

Student Participant's (or Adult Leader's) Statement: By signing this form, I pledge to honor God and respect others 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 or Adult Leader Signature

Date

Parent/Guardian's Statement: By signing this form, I agree to support the Covenant of Community 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

CHAOS Student Ministries Photo Release Form

I agree that Indianapolis First Church of the Nazarene may photograph and record my child/dependent's likeness and activities (Images)¹ during church-related activities. I grant the following rights to Indianapolis First Church of the Nazarene: 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 Indianapolis First Church of the Nazarene 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.

Child/Youth's Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

Street Address

City, State, Zip

Parent/Guardian Email

Phone

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