

# Zion Lutheran Church

## Sunday School & Youth Ministry

### 2024-25 Universal Permission Form

Please fill out this form if your child plans to participate in youth activities that take place anywhere other than the church or Christian Education Building.

Name of Child \_\_\_\_\_ Child's Cell # (if any) \_\_\_\_\_

Parent 1 / Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent 2 / Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any prescription/non-prescription medications, herbal supplements and/or vitamins your child will take during any youth ministry activity. Participants under the age of 18 are required to give ALL MEDICATIONS to an adult volunteer or staff member, in the original container with complete dispensing instructions, before the start of the event. Youth are not permitted to carry any of the above and will be sent home if they do.

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

Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult volunteer or staff member to know:

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach a copy of your child's medical insurance card, or fully complete the section below:

Medical Insurance Carrier: \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

*(see reverse)*

**MEDICAL TREATMENT PERMISSION:** In the unlikely event of illness or accident, if I am not contactable, I give permission for any necessary emergency first aid or medical treatment to be given. I understand that every reasonable effort will be made to contact me as soon as possible. I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such as medical and dental services rendered to the aforementioned child pursuant to this authorization. \_\_\_\_\_ Parent/Guardian Initials

**OVER-THE-COUNTER MEDICATION:** Do you give permission for your child 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 participating in a youth ministry activity? YES NO \_\_\_\_\_ Parent/Guardian Initials

**EARLY RETURN HOME POLICY:** Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I shall assume all transportation costs. \_\_\_\_\_ Parent/Guardian Initials

**TRANSPORTATION PERMISSION:** I give permission for my child to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in youth ministry activities. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation. \_\_\_\_\_ Parent/Guardian Initials

**PARENTAL CONSENT:** I give permission for my child to attend Zion Lutheran Church youth ministry activities during the period of September 1, 2024 – August 31, 2025. I give permission for my child's details to be stored by the Church (*this may be on computer*) as considered necessary. Should there be any change to the details given on this form I understand that it is my responsibility to inform the Church. \_\_\_\_\_ Parent/Guardian Initials

Name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_