



Bethel Baptist Church
Youth Ministry 2019-2020
Universal Permission Form

Effective Dates: May 1, 2019 – August 31, 2020

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

YOUTH INFORMATION (Please Print)

Youth 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 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.

Bethel Baptist Church Youth Ministry

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 rooms by designated time
- Co-ed visitation only in assigned community room
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- Will not break any American laws in the United States or any other country.

GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants 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.
- Sleeping areas for males and females will be separate.

Youth Participant's (or Adult Leader'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 or Adult Leader's 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

Bethel Baptist Church Photo Release Form for Children and Youth

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

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.

**BAPTIST CONVENTION OF NEW MEXICO
AUTHORIZATION TO PARTICIPATE IN ACTIVITIES**

I understand that camps, retreats, and other events involve some degree of risk of bodily harm. I also understand that The Baptist Convention of New Mexico will take reasonable measures to provide a safe environment.

FULLY UNDERSTANDING THIS RISK, if I sign this release for my child, I give permission for my child to participate in this event and engage in all activities that may be available at the event, **except for those activities I list below**. If I sign this release for myself, I assume the risk of all activities in which I participate. I understand that all activity participants must act all times in caring, trustworthy, fair, and responsible manner. Participation in these activities is a privilege.

If this release is for a child, I understand that my child must act all times in a caring, trustworthy, fair, and responsible manner. Participation in this event is a privilege and I understand that my child must maintain the highest standards of behavior at all times. **If my child is dismissed from the event, I understand that I am responsible for immediately transporting my child from the event.**

The kids of activities that may be available include, but are not limited to, the following: hiking, archery, riflery, bouncy houses, ropes course, tower, mountain bikes, outdoor games, camp fires, woodworking, tenting, leather work, rock shop, climbing wall, general camp programs, worship services, and Bible study.

If this release is for a child, I also give permission for my child to participate in event activities that may take place outside of the campground or activity location except those I list below.

These are the activities in which I do not want my child to be involved. You may list activities in addition to those listed above. _____

Signature – Adult Participant or if this is for my child Parent or Guardian **Date**

*** If I want this form to constitute my consent to participate, to medical authorization and to liability release for all camps/events sponsored by BCNM in which "I or my child" participate for the current calendar year, 2019, I have signed my name here.

Signature – Adult Participant or if this is for my child Parent or Guardian **Date**

BAPTIST CONVENTION OF NEW MEXICO

RELEASE OF LIABILITY FOR HARM AND AGREEMENT NOT TO SUE

I agree, in consideration of the privilege of my child's participation in this event, and I affirm that I have read this document in full. I agree I can never bring a lawsuit, sue, or make a claim against BCNM and I release BCNM from all liability for negligence, bodily injury, death, property damage, and economic harm that may happen in connection with this activity. I agree never to sue BCNM.

I understand that activity events involve some risk of bodily injury, death, and property damage, and that this release is for events that might happen in the future.

I understand that if I revoke this Authorization to Participate in Activities or this Release of Liability for Harm and Agreement not to sue that I will immediately send a written notice to BCNM by delivering it to them at their offices located at 5325 Wyoming, N.E., Albuquerque, NM 87109.

I represent to BCNM that I have full authority to sign this Authorization to Participate in Activities and Release of Liability for Harm and Agreement Not to Sue on behalf of my child and that there is no need for approval by anyone else. I have full authority to consent to my child's participation in this event and to release liability without the need for approval by anyone else.

I agree not to sue, file a lawsuit, or make claims against BCNM, but if I do, I will pay all of BCNM's costs, attorney fees, and all other financial liability in connection with a claim or lawsuit.

I understand that, as the words are used in this Release of Liability for Harm and Agreement Not to Sue, "I" includes my child and me.

"BCNM" includes The Baptist Convention of New Mexico, a nonprofit corporation, and its affiliated organizations and entities, and its employees, volunteers, agents, and representatives.

Signature – Adult Participant or if this is for my child Parent or Guardian

Date

BAPTIST CONVENTION OF NEW MEXICO
MEDICAL INFORMATION AND CONSENT TO EMERGENCY TREATMENT

Please complete this form in its entirety and return it to your event leader/sponsor before the scheduled event. No Participant (adult or minor) may attend any of the Baptist Convention of New Mexico sponsored camps, retreats, or event without this completed, witnessed form.

Participant Information:

Participant Name: _____
 If minor, name of Parent or Guardian: _____
 Address: _____ Birth Date: ___/___/___ Age Now: ___
 City, State, Zip: _____
 Phone: Home (____) _____ Work (____) _____ Mobile (____) _____

Physician / Health Information:

Physician Name: _____ Phone: Day _____ Night _____
 Date of last Tetanus or booster shot: ___/___/___ Are all immunizations current? Yes _____ No _____
 If no, please explain: _____
 List all medical conditions for which Participant is currently being treated (attach extra sheet, if needed) _____
 List all medications currently being taken (include precise directions regarding dosing): _____
 List all allergies, including food allergies: _____

Important Note to Participant or Parent/Guardian of Participant regarding food allergies: We regret that we do not have the facilities or personnel to insure that any particular meal is free of any allergens. Accordingly, we cannot provide allergy-free meals. We will be glad to serve any special foods that you send, but the Participant must take personal responsibility for avoiding foods that cause an allergic reaction.

Another Note to Participant or Parent/Guardian of Participant: Your church sponsor will be responsible for handling, storing and administering all medications. Four over-the-counter medications are available if needed and if authorized by you. Please indicate if your church sponsor may give the Participant these medications:
 Acetaminophen ___ Yes ___ No Ibuprofen ___ Yes ___ No Benadryl ___ Yes ___ No Antacid ___ Yes ___ No
 What other important medical information do you believe we need to be aware of? _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If participant is covered by medical insurance, a copy of the insurance card must be attached to this form.
 I give permission, by my signature on this document, for emergency medical treatment of Participant. I also assume complete financial responsibility for all medical expenses incurred. I also give my permission to communicate the medical information contained in this authorization to the providers of emergency medical treatment. I have legal authority to consent to emergency medical treatment for my child.

PUBLICITY AUTHORIZATION

BCNM produces videos, including sound, and photographs of every event and these are used in reports and publicity, both locally and nationally, including the BCNM website. We have not found a practical way to separate Participants. THEREFORE, YOUR SIGNATURE ON THIS DOCUMENT, AS WELL AS YOUR PARTICIPATION IN THIS CAMP/EVENT, OR THE PARTICIPATION OF YOUR CHILD, CONSTITUTES YOUR CONSENT FOR THE USE OF MEDIA BY BCNM THAT MAY INCLUDE YOU OR YOUR CHILD, OR BOTH.

 Signature – Adult Participant or if this is for my child Parent or Guardian

YOUR SIGNATURE **MUST** BE WITNESSED BY A STAFF MEMBER OF THE CHURCH OR THE VOLUNTEER CHURCH SPONSOR OF THE EVENT. IF DOCUMENT IS NOT WITNESSED, PARTICIPANT WILL BE SENT HOME.

WITNESS

This document was signed and dated in my presence by _____, a person known to me, who represented that this document was signed under penalty of perjury. My position with the church: _____

 Signature of Witness

