

Name of Church: **Westminster Presbyterian Church**

Date: ____/____/20____

Address: **2000 Oakwood Dr. / Medford, OR 97504**

Phone: **(541) 773-8274 / fax: (541) 773-8274**

NOTE: This form will cover all the student activities and events that the WPC Youth Group and conduct during the calendar year proceeding the date indicated above.

I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers, with the youth ministry of the above named church, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services.

(Please print clearly the following information)

Parent/Guardian Name(s): _____ Phone: _____

Hm. Address: _____ Hm. email: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact (different from above): _____ Phone: _____

Insurance Company or Group: _____

Policy Number: _____ Student's date of birth: _____

Student's Cell: _____ Student's email: _____

Heath Concerns: _____

Food and/or other Allergies: _____

PHOTO & VIDEO RELEASE

I also hereby grant permission to the rights of my student's image, likeness and sound of their voice as recorded on audio or video tape without payment or any other consideration. I understand that my student's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein their likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my student's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release I understand this permission signifies that photographic or video recordings of my student may be electronically displayed via the Internet or in the Church and or public educational setting.

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.

Parent/Guardian Signature: _____ Date: ____/____/20____

STUDENT MEDICATION INFORMATION

The WPC Youth Ministry Team will carry a basic medical kit for minor injuries or illnesses. We can provide non-prescription medications such as ibuprofen, Imodium A-D, cough drops, and antihistamine, but we will do so with signed or verbal permission.

If any student, during a Youth Group activity/event, needs to take any prescription or non-prescription medications, please fill in the information below and check them in with the adult leadership team at time of departure. Parental consent is needed for medication dispensing.

[☐] I **give permission** for provision of non-prescription medications if needed and/or the following prescription medications as described: (initial: _____)

[☐] I **do not** give permission for provision of non-prescription medications. (Initial: _____)

CODES OF CONDUCT for Youth Group and Other Activities:

1. **Respect God:** Listening while His word is taught, and joining in prayer and music worship. Do not put the attention on self; the glory goes to God.
2. **Respect Leaders:** Listening and responding appropriately to them, and not speaking while they are speaking. Understanding that there are different things that happen at youth group and there are appropriate behaviors for each.
3. **Respect Others:** Not being a distraction to others, using uplifting words and appropriate physical touch.

If these codes of conduct/expectations are broken here is the sequence of actions to follow up with that student:

1. **Warning:** The student will be warned. For example, "Please show respect to _____; this is a warning."
2. **Move:** If after the warning the student continues to break the codes of conduct, they will be asked to move away from whatever situation is distracting them, sit by a leader, or remove themselves from the activity. For example, a leader can say, "Please sit by me," or "Please sit over there," etc.
3. **Out of the area (by self or with a leader):** If after the move the student continues to break the code of conduct, they will be asked to move out of the area where the activity is taking place. For example, a leader may say, "Please calm down outside of the Barn." Once they are ready to respond with the right behavior they can go back to where they have been moved before.
4. **Call to parents:** If Codes of Conduct continue to be broken in the same activity their parents will be notified and student may miss the next youth group meeting or activity.

(In the event a student causes harm or threatens the safety of another student, a leader or themselves the youth director must be immediately notified.)

I have read and understand these Codes of Conduct. It is out of respect for God, myself and others that I abide by these rules. If I violate these rules, I may be denied the privilege of participating in Youth Group Activities/Events. I may also be asked to leave (without reimbursement of event fee).

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____