



# Christ the Redeemer Lutheran Church

## Youth & Family Ministry

### Universal Permission Form

Everyone must complete pages 1-7  
Pages 8-10 are based on responses

Effective Dates: August 1, 2018-December 31, 2018 & January 1, 2019-July 31, 2019

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#### 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? \_\_\_\_\_

#### PARENTAL CONSENT

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name)("Participant"), to attend and participate in any Christ the Redeemer Lutheran Church and Oklahoma District LCMS children/youth ministry activities, events, retreats and childcare during the period of August 1, 2018-December 31, 2018 (Initial:\_\_\_\_\_) and January 1, 2019-July 31, 2019 (Initial:\_\_\_\_\_).

LIABILITY RELEASE: In consideration of Christ the Redeemer Lutheran Church and the Oklahoma District LCMS allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday School, CTR-U, Meetings, Activities, Events, Retreats, Lock-Ins, Trips, Servant Events, Volunteer Opportunities) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Christ the Redeemer Church and the Oklahoma District LCMS, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church and District") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I, the parent or legal guardian of this Participant, hereby grant my

permission for the Participant to participate fully in children/youth ministry activities and childcare, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church and District for any liability sustained by said Church and District as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: 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 medical and dental services rendered to the aforementioned child or youth pursuant to this authorization. I declare that my child is covered by primary accident and medical insurance.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone or hired driver while attending and participating in activities sponsored by Christ the Redeemer Lutheran Church. I, the undersigned, do hereby release, forever discharge and agree to hold harmless Christ the Redeemer Lutheran Church, its pastors, directors, employees, volunteers and teachers from any and all liability, claims or demands for accidental personal injury or death. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

-----	x	-----
Name of youth participant	Signature of youth participant	Date 2018

-----	x	-----
Name of youth participant	Signature of youth participant	Date 2019

-----	x	-----
Name of parent/guardian	Signature of parent/guardian	Date 2018

-----	x	-----
Name of parent/guardian	Signature of parent/guardian	Date 2019

# MEDICAL INFORMATION

August 1, 2018-July 31, 2019

## YOUTH INFORMATION (Please Print)

Youth Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

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

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

## PRIMARY CARE PHYSICIAN

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

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

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

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

## DENTIST

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

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

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

## INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_ Policy

Holder's Name (please print): \_\_\_\_\_

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

**MEDICATION:**

List all medications the youth will bring with him/her 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, with the exception of inhalers and epi-pens, and will be sent home at the parent/guardian’s expense if they do.**

Medication Name	Dose	Treatment for	Dispensing instructions (Include time)
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily at breakfast with food</i>

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**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 the **Over the Counter Medication Permission form** 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):

- Does your child carry an epi pen?
- Does your child carry an inhaler?

IF ANY ARE LISTED, PLEASE COMPLETE THE ADDITIONAL ALLERGY ACTION PLAN FORM.

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.

# Christ the Redeemer Lutheran Church Youth Ministry

## Covenant of Community Expectations

August 1, 2018-July 31, 2019

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

### GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other. Arguing and contention is typical with teenagers and a certain amount is tolerated. We do not tolerate arguing and contention that begins to affect the overall unity and mission of the group. Even small pockets of division have major effects on the group, destroying the collective witness of the Body of Christ. When disruptive division or arguing occurs, both parties will be asked to meet with the youth ministry leaders to mediate the conflict.
- 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.
- Students must be in assigned rooms by designated time. Coed visitation only at designated times and with doors open. Sleeping areas for males and females will be separate.
- Participants will use electronic media in a respectful manner and not post inappropriate or demeaning photos or video of others.

### NON-NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- Minor students who are under the influence of or in possession of illegal drugs or alcohol or possessing weapons. If a student comes to any youth ministry class or activity and a.) is noticeably under the influence of drugs or alcohol or b.) has possession of illegal drugs, alcohol or weapons, we will immediately report the incident to the student's parents and send the student home.
- No sexual harassment or misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments). Students who engage in sexual harassment or misconduct will have their parents notified and the students will be sent home. In addition, depending on the severity of the situation church leadership will also be notified. If recommended by the church leadership and/or required by law, the police and/or other authorities will also be contacted.
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions. Leaving the supervisory presence of the youth ministry staff/volunteers (i.e. leaving the hotel, leaving the church, leaving the group during trips, etc.) without consent. We cannot allow this behavior because parents trust us to be responsible custodians of their children, and we cannot be responsible when students have left our presence.
- No physical or verbal violence or bullying. Parents need to know they are leaving their child in a safe environment. To that end, we do not permit physical fighting--period. Students who engage in physical/verbal bullying or fighting will be asked to leave the meeting or activity and an adult worker will phone the parents/guardians to pick up the student. This will also include online/social media/cell phone bullying.
- Smoking and the use of tobacco/vaping products are not allowed to, from, or during any trip. We will immediately report the incident to the student's parents and send the student home.
- Students will not break any American laws in the United States or any other country. We will immediately report the incident to the student's parents and send the student home.

**Youth Participant's (or Adult Leader's) Statement:** By signing this form, I pledge to honor God and respect others during youth ministry activities by following the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

- I will do my best to build community, create relationships, be welcoming and include others. I agree to treat everyone – leaders, advisors, other students and community members – with the utmost respect. I will respect others with my words. I will not use abusive words or profanity.
- I am aware that my actions affect people other than just me. I agree to obey all local laws and ordinances pertaining to use of drugs and alcohol by minors. I will not bring or use any weapon or illegal substance during any church related event, on or off the premises.
- I want to stay focused on building community and being present in the moment. Out of respect for others, I will use my cell phone at appropriate times and not let it be a distraction. I will also use other electronic devices at appropriate times. This includes any other devices that could cut me off from interacting with those around me. I will also obey the policies for particular retreats, events, and trips.
- It matters how I treat people's things, so I agree that I will respect the property of others, our church property, and the property of places we stay. I will also stay in the appropriate boundaries set forth by the leaders. My actions will show my love for Jesus and others.
- Out of respect for myself, and for others, I will only use appropriate displays of affection with other students. Hand-holding and good-bye hugs are appropriate. Kissing, lying on, or too close contact is not appropriate.

x \_\_\_\_\_  
Youth Participant's or Adult Participant'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.

I also understand and have discussed with my child that he/she will not smoke, use drugs, or drink alcohol at any time during this activity. My child understands that unacceptable behavior (e.g., fighting, disrespecting curfews/meeting times, defacing property, sexual misconduct etc.) will not be tolerated and may be grounds for dismissal from the activity. I will be available or will make arrangements to pick up my child if he/she is asked to leave the activity for unacceptable behavior.

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

Christ the Redeemer Lutheran Church Photo Release Form for

Children and Youth

August 2018-July 2019

- I AGREE that Christ the Redeemer Lutheran Church and the Oklahoma District LCMS 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 Christ the Redeemer Lutheran Church and the Oklahoma District LCMS: 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 Christ the Redeemer Lutheran Church and the Oklahoma District LCMS 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 until July 31, 2019, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

- I/We DO NOT GRANT permission for any image that includes this youth to be published by Christ the Redeemer Lutheran Church or the Oklahoma District LCMS. Christ the Redeemer Lutheran Church or the Oklahoma District LCMS MAY NOT use and re-use, publish and re-publish, and modify or alter the Image(s). Use of the Images for editorial, commercial, trade, advertising, and any other purpose MAY NOT 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.

Child/Youth’s Name (print)	Parent/Guardian Name (print)
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Parent/Guardian Signature	Date
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<sup>1</sup> Image means all photographs, film, or other recordings taken of you as part of the Shoot.

# OVER THE COUNTER MEDICATION

*Please Complete If Applicable To Your Student*

## PERMISSION FORM

August 15, 2018-December 31, 2018, January 1, 2019-July 31, 2019



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

Date of Birth: \_\_\_\_\_

Sometimes at youth events youth have non-emergency medical issues such as headaches, stomachaches, or allergic reactions. This form allows the youth director or other supervising adult (over the age of 21) to give medication in these instances. **Please initial by each medication whether your child is permitted to be given that medication according to the directions on the bottle should he/she request it.**

Should your child have a minor illness such as a headache, stomachache or allergic reaction, can these medications be given to your child?

Medication	Yes	No
Anti-itch cream (i.e. Benadryl)		
Acetaminophen (i.e. Tylenol)		
Ibuprofen (i.e. Advil)		
Antihistamine (i.e. Benadryl)		
Antacid (i.e. Tums)		
Anti-diarrheal (i.e. Imodium)		
Other:		

*This permission is for my child, \_\_\_\_\_ (youth name). I understand that this permission is for August 15, 2018-December 31, 2018 (Initial: \_\_\_\_\_) and January 1, 2019-July 31, 2019 (Initial: \_\_\_\_\_), and that no medication can be given unless initialed on this form. I understand that this medication will only be given if a youth asks for it and according to the directions on the bottle. I understand that all medications are to be given by a supervising adult who is over the age of 21.*

*I understand that if my child brings any medication to a youth event, over the counter or prescription, even if it is listed on this form, there is a separate Medication Form that must be filled out. I also understand that any medication brought to a youth event must be turned in to the youth director or another supervising adult, unless agreed upon with the leader of an event in the case of medications that need to be immediately accessible, such as Epi-Pens and inhalers.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
2018

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
2019

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



# ALLERGY ACTION PLAN

Please Complete If Applicable To Your Student

USE 1 FORM PER CHILD FOR EACH ALLERGEN REQUIRING AN ANTIHISTAMINE OR EPI-PEN

Youth Name \_\_\_\_\_

DOB \_\_\_\_\_

Allergy to \_\_\_\_\_

Asthmatic?  Yes  No



## STEP 1 - TREATMENT

SEND STUDENT TO PRIMARY ADULT LEADER ACCOMPANIED BY RESPONSIBLE PERSON.

The severity of symptoms can quickly change. †Potentially life threatening.

### Symptoms

If a student has been exposed to/ingested an allergen but has NO symptoms:

Mouth Itching, tingling, or swelling of lips, tongue, mouth:

Skin Hives, itchy rash, swelling of the face or extremities:

Gut Nausea, abdominal cramps, vomiting, diarrhea:

Throat† Tightening of throat, hoarseness, hacking cough:

Lung† Shortness of breath, repetitive coughing, wheezing:

Heart† Thready pulse, low blood pressure, fainting, pale, blueness:

Other† \_\_\_\_\_ :

Give checked Medication\*\*

\*\*Unless otherwise determined by physician authorizing treatment

Epinephrine  Antihistamine

Epinephrine  Antihistamine

Epinephrine  Antihistamine

Epinephrine  Antihistamine

Epinephrine  Antihistamine

Epinephrine  Antihistamine

Epinephrine  Antihistamine

Epinephrine  Antihistamine

### MEDICATION:

Epinephrine: Inject intramuscularly.

Epinephrine Autoinjector 0.3mg

Epinephrine Autoinjector 0.15mg

Important; Asthma inhalers and/or antihistamines cannot be depended upon to replace epinephrine in anaphylaxis.

Antihistamine: Give \_\_\_\_\_  
antihistamine/dose/route

Other: Give \_\_\_\_\_  
medication/dose/route

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Phone \_\_\_\_\_

## STEP 2 - EMERGENCY CALLS

PARAMEDICS (911) MUST BE CALLED IF EPIPEN OR AUVI-Q IS GIVEN.

Call 911. State that an anaphylactic reaction has been treated, type of treatment given (i.e., EpiPen or Auvi-Q) and that additional epinephrine may be needed. Always send empty autoinjector to ER with student. Contact Parent/Guardian. EVEN IF PARENT/GUARDIAN IS UNAVAILABLE, DO NOT HESITATE TO MEDICATE CHILD & CALL 911.

# FOOD ALLERGY & SPECIAL DIETARY NEED

Please Complete If Applicable To Your Student

Please Use A New Form for Each Person for Each Event

Completed Form to be Submitted:

One Week prior to Camp Lutherhoma Events and  
Three Days Prior to Departure for Other Youth Trips and Events



Name of Event: \_\_\_\_\_

Date(s): \_\_\_\_\_

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Church: Christ the Redeemer Lutheran Church

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is parent attending event with youth?            YES            NO

If not, please list name of chaperone who will be assigned to provide assistance  
\_\_\_\_\_

Is youth aware of his/her allergies or dietary needs?            YES            NO

Is youth able to monitor his/her own food requirements without assistance from an adult  
chaperone?            YES            NO

List allergies or explain special dietary needs, please be as specific as possible:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is child bringing some of his/her own food? \_\_\_\_\_ If so please list below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A special place will be designated in the kitchen at Camp Lutherhoma and on other specific trips with commercial kitchen use for the youth to keep his/her own food. All food must be labeled with youth's name directly on packaging and have clear preparation instructions. Please ask ahead of time to ensure there are proper storage areas for refrigerated items and appropriate cooking appliances, if required, at the trip location.