



MOUNT VERNON STUDENT MINISTRY

Universal Permission Form 2020

Effective Dates: January 1, 2020 — December 31, 2020

Student INFORMATION

Name _____ DOB _____ Male or Female

School: _____ Grade _____ T-Shirt Size _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Student Email _____

Student Home Phone _____ Student 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 _____ Text Yes _____ No _____

Name _____ # _____ Type _____ Text Yes _____ No _____

Name _____ # _____ Type _____ Text Yes _____ No _____

Name _____ # _____ Type _____ Text Yes _____ No _____

EMERGENCY CONTACT (IF PARENTS/GUARDIAN CANNOT BE REACHED)

Name _____ # _____ Relation _____

Name _____ # _____ Relation _____

MEDICAL INFORMATION

CHILD/STUDENT INFORMATION *(Please Print)*

Child/Student Full Name _____

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 child/student will take during any 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 leader in their original containers with complete dispensing instructions before the start of the event.**

| 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/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 student 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 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. Attach additional pages if necessary.

1. List any medical conditions your child/student has (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 your child/student (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

PARENTAL CONSENT

I hereby give permission for this child/student to participate in church activities of Mt. Vernon Baptist Church. This includes all sponsored activities on or off the church property (including any and all activities involving travel and/or lodging) unless otherwise limited below. I understand that reasonable precautions will be exercised by the adults chaperoning each event. This permission shall remain in effect until December 31, 2019 unless terminated in writing.

TRANSPORTATION PERMISSION:

I hereby give permission for this child/student to ride in any vehicle designated by the adult in whose care my child/student has been entrusted while attending and participating in church activities. I understand that drivers for all events must be over age 21 and approved by Mt. Vernon Baptist Church.

MEDIA POLICIES:

Students communicate in ways other than the traditional phone call or “snail mail”. In order to use their ways of communication and reach them where they are and to invite them to participate in Mt. Vernon Baptist Church events we are asking permission to do the following:

SOCIAL MEDIA- Mt. Vernon can use Social Media to promote/discuss Children/Student events with my child/me. I give permission for my child/my image/likeness to be used in any of these promotions.

EMAIL - Mt.Vernon can use email to promote/discuss Children/Student events with my child/me.

TEXT MESSAGES – Mt. Vernon Children & Student ministry uses “ChurchCast” text messaging service to promote events. This is an educational service and you will NOT be spammed.

Children’s Ministry Update: subscribe by texting the following message “prov226” to 22383...OR

Student Ministry Update: subscribe by texting the following message “tim412” to 22383

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care my child/student 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 my child/student 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 student pursuant to this authorization.

Name of parent/guardian

X

Signature of parent/guardian

Date

This form MUST be notarized by a registered notary.
Sworn to and subscribed this _____ day of _____, 2020

Notary Public
My commission expires: _____