

Youth Group Information and Permission Form

This form is intended to be universal to cover all activities that may be held at Pineview Baptist Church (PBC) or off the church property. In some situations, a specific event may require its own permission form. Otherwise, this permission form will provide the documentation needed for any emergency and/or medical information. Please fill out as accurately and completely as possible.

General Information

Youth's full name _____

Nickname if preferred _____

Birth Date _____

Grade _____

Parent's Name(s) _____

Siblings (Names/Ages) _____

Address _____

City _____ State _____ Zip _____

Home (_____) _____

Parent's Work (_____) _____

Parent's Cell (_____) _____

Youth's Cell (_____) _____

Other _____

Email Address _____

Parent Email Address _____

Emergency Contacts (Please list persons other than parents)

(Name) (Address) (Phone) (Relationship)

(Name) (Address) (Phone) (Relationship)

Medical Information

Physical concerns/limitations/anything the staff should be aware of:

Food allergies: _____

Medications your child takes regularly (name/dose/times/etc.):

Youth Group Releases

Parents: Please check the boxes to which you agree and initial after each statement indicating that you have read and understand each item. If a box is left unchecked, we will assume you DO NOT give your permission for that particular item. Please note that if the code of conduct box or the medical release box is NOT checked, your child will be unable to participate in youth group activities and events.

- General release:** I give my consent for my son/daughter to attend PBC youth meetings, activities, and events, both on site and off site. I will be provided specific event information in advance for any activity that will be taking place off site.

Initials: _____

- Medical Release:** In the event of a medical emergency and when a contact cannot be made in a timely manner to me and/or the emergency contacts listed, I give my permission for my child to receive appropriate medical attention. I give permission for Pineview Baptist Church to administer over the counter pain medication in the event of discomfort (Advil or Tylenol). In the event of an unforeseen emergency or any accidents, I release Pineview Baptist Church, its employees and volunteers, and all those related to it, from any liability. I have provided emergency contact numbers and am assured that I will be contacted as soon as possible in the event that there is an emergency.

Initials: _____

- Films:** (Please complete this section even if your child is over the age of 13.) I agree to allow my child to watch any films rated G, PG, or PG-13, which may be shown (at the Youth Pastor's discretion) as devotionals, bible study segments, or for entertainment purposes. I understand that whenever possible, film titles will be provided ahead of time. I understand that the youth leaders will never show an R rated movie without my permission and a separate permission slip will be provided if such a case were to occur.

Initials: _____

- Transportation:** Should transportation be needed, I agree to allow my son/daughter to ride with either the Youth Pastor, another staff member, a volunteer of the church, or a parent. Appropriate safety standards will be maintained and children will always be provided seatbelts. If no such permission is granted, I agree to transport my child to and from any offsite event.

Initials: _____

- Leaving the church:** I give permission for my child to leave the church when supervised by the youth leaders for appropriate activities related to youth group (such as visit nearby coffee shops or local businesses, participate in scavenger hunts, go for a walk or hike, etc.).

Initials: _____

- Photograph Release:** Occasionally, photos may be taken during Sunday school, worship, youth group events, or other church activities. Sometimes those photos will appear on the PBC website, Facebook, Google+, Twitter, Instagram, and other social and public websites. I permit Pineview Baptist Church to post photos that include my child and the ability to use their name on its website or in other church publications.

Initials: _____

I agree to those statements for which I check the box and do not agree to those I did not check.

Signed (parent/guardian):

(Signature)

(Print Your Name)

(Date)