

**PRESBYTERY OF COASTAL CAROLINA
YOUTH EMERGENCY INFORMATION CONSENT FORM**

Name of Participant: _____ Sex: ____ Age: ____ Date of Birth: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____ Cell Phone: _____

IN CASE OF EMERGENCY CALL:

Name: _____ Relationship _____ Home Phone: _____
Address: _____ City: _____ State: ____ Zip Code: _____ Cell Phone: _____

ALTERNATE CONTACT:

Name: _____ Relationship _____ Home Phone: _____
Address: _____ City: _____ State: ____ Zip Code: _____ Cell Phone: _____

MEDICAL INFORMATION: Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

CARRY EPI PEN/INHALER? ____YES ____NO *Note of medical necessity from Dr, stating child may keep this medicine/device in his/her possession. Please include note with this form.

Please list any medications this child is presently taking:

*Prescription medicine must be in original labeled container. Minors may not self-administer meds, except if needed for life threatening conditions (e.g. EPI Pen/Inhaler).

Please list all health restrictions, pre-existing or present medical conditions:

Family Doctor: _____ Phone: _____

Name of Insurance Company: _____ Phone: _____

Policy Number: _____ Date of Last Tetanus Shot: _____

____ My child does not (I do not) currently have health insurance.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form.

In the event I/we cannot be reached or the alternate contact person cannot be reached in an emergency I/we hereby give my/our permission to the physician selected by the activity leader to order emergency transportation, hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I/We understand that all safety precautions will be taken at all times by Presbytery of Coastal Carolina and its ministry partners during all events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Presbytery of Coastal Carolina, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by said child. Furthermore, I/We hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

PARENT OR GUARDIAN'S SIGNATURE _____ **Date** _____

Please attach a copy of insurance card

This form **Expires July 30, 2024**

COMMUNITY COVENANT

Presbytery of Coastal Carolina Youth Ministries

While participating in Presbytery of Coastal Carolina Youth Ministry activities, we will be doing our best to live together as family in Christian Community.

Each person contributes to the group and we all need to be responsible for our time together. As members of the community and trusting in the Holy Spirit, we covenant to:

- Actively participate in all the programmed activities.
 - Be responsible for our own belongings and respect the property of others.
 - Use the facilities and grounds with care, obeying all the rules of the facility.
 - Observe "lights out" as a cut-off for noise , as well as lights.
 - Respect the authority of the adults in our midst.
- ** NOT engage in any abusive activities including (but not limit ed to) sexual misconduct/abuse of a child or adult.
- ** NOT possess, or partake in the use of illegal substances (i.e. - alcohol or drugs)
- ** NOT possess, or partake in the use of TOBACCO or VAPING PRODUCTS
- ** NOT possess matches, lighters, vapes or partake in any pyrotechnics.
- **Violation of any of these will result in an IMMEDIATE TRIP HOME at the parent's expense, to be followed by a debriefing with the Pastor, parents & youth involved, and the adult trip advisors.*

Signature of Parent or Guardian / Date

Signature of Youth / Date

Presbytery of Coastal Carolina PERMISSION TO USE LIKENESS

I, _____ (parent/ guardian/ self), do hereby give my permission for my dependent child's (or for myself my) likeness and/or photograph to be used for informational and promotional purposes (print, video, multimedia, internet) for the Youth Ministries of the Presbytery of Coastal Carolina.

The Presbytery of Coastal Carolina agrees to make every effort to protect the privacy and dignity of your children and yourself. We will not include biographical information in connection with you child' s picture/ likeness (full name, address, email address, etc.). Additionally, if you or your dependent request that a picture be removed, it will be done so immediately. In the case of internet pictures, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

Print the Name of the Participant: _____

Adult Participant/ Parent / Guardian' s Signature: _____

Date: _____

June 1, 20__ - July 30, 20__

Attach Insurance Card

Please attach scan or copy of medical insurance card