

# EPIC Events 2019-2020 School Year

## Permission and Medical Release Form

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

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

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

Address: \_\_\_\_\_

Street

City, State, Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Youth Cell: (\_\_\_\_) \_\_\_\_\_

Allergies and/or Medical Conditions (Include diagnosed or chronic issues that might be displayed while under Northwest Hills Church care): \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Cell: (\_\_\_\_) \_\_\_\_\_ Work/Home: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Cell: (\_\_\_\_) \_\_\_\_\_ Work/Home: (\_\_\_\_) \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

I give permission for \_\_\_\_\_, to attend 2019-2020 school year activities for E.P.I.C. with the Northwest Hills youth group. In an emergency situation, I authorize Margaret or Rick Scofield, Suzy Parsons, or any other adult sponsor, in whose care the minor has been entrusted, to consent to any 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 at a licensed hospital, whether such diagnosis or treatment is rendered at the office of such a physician or dentist or at a hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred because of such medical or dental services to the minor.

Should it be necessary for my son or daughter due to medical reasons or otherwise, the undersigned will pick him/her up immediately.

The undersigned also gives permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the Northwest Hills Church youth group activities.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Hospital Coverage (Circle One) YES NO

Please attach a photocopy of your family insurance card (front & back). Thank you.

## Expectations of Youth for Events

2019-2020 School Year

1. Be respectful to everyone. (Do not use harmful words, but only helpful words, the kind that build up and provide what is needed, so that what you say will do good to those who hear you. –Ephesians 4:29.)
2. No PDA between anyone. Be respectful of yourself and other kids....you are all role models for others and represent our church and God's community.
3. Dress appropriately for event.
4. No boys in the girl's room, and no girls in the boy's room.
5. Respect the grounds, buildings, property and people on church grounds and in public during outings.
6. Follow curfews as assigned.
7. Respect the property of others. If it is yours: great. If it is someone else's: ask permission and accept the answer.
8. Do what a sponsor asks the first time without back talk or attitude.
9. Only go out in groups of three or more and only after seeking and receiving adult permission.
10. Wear your seatbelt and shoulder harness when in the vehicles and wear a life jacket while canoeing.
11. Actively participate in all discussions and group activities.
12. Eat at every meal and drink water when asked.
13. You are on the mission trip to build relationships with the kids at Shannondale. Please be engaged with them.
14. Do not show favorites to kids-that only instills bad feelings of the ones that aren't "favorites".
15. Please do not carry or piggyback any kids (peers included). The church is liable in the case of a fall.

**I understand that breaking any of the above rules will result in my being sent home at my parent's expense. I agree to follow all the rules and act in a Christ-like manner putting others first at all times.**

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

**I understand that if my son/daughter breaks any of the above rules I must pick him/her up immediately at my expense. I will work with the church in keeping my son or daughter accountable for his or her actions.**

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

\_\_\_\_\_  
Date