

## **Covenant Medical & Liability Release Form**

### **Rules and Guidelines for all Student Ministry Events**

These rules have been written down to inform the participants of how they need to conduct themselves at any function. These rules were not established to take away any privileges of the fun out of any function but were established to protect each participant and enable the entire group, counselors, and director to have a great experience at all functions. If one or all of these rules are broken, and it is discovered, discipline will be taken in the following manner, unless otherwise listed:

- The offender will have at least 5 minutes away from the rest of the group with a counselor and/or the director to discuss the issue.
- If the problem persists, or otherwise stated in the Constitution, or instructed by the director or counselor in charge, a telephone call to the parent(s) or guardian(s) will be made. It will then be decided if the student will be picked up from the event or other arrangements that might be made at the discretion of the adults in charge and parent(s) or guardian(s).

### **General**

1. Participants must stay with the group in the designated area(s) while attending any function.
2. Participants are to respect and follow requests made by the director, counselor, helping adults, or leader of the program. Students should not have to be asked or told more than once to do something.
3. Anything broken during a student function should be reported to the director as soon as possible. If any item is discovered and the participant did it is known and did not report it or was doing something they should not have been doing, they or their parents will be required to fix or replace the broken item at their cost.
4. No matches, lighters, or other fire-starting devices are to be used at any time unless specifically requested by a counselor or the director.
5. Only age-appropriate movies and music can be viewed and listened to at any student ministry's functions. All films viewed are subject to the youth director's approval or subsequent disapproval.
6. Displays of affection are restricted to hugging and holding hands. Under no circumstances will the sexes be mixed in inappropriate places unless instructed by the director.
7. Fireworks are strictly prohibited from being used, purchased by, or in possession of any student at any function unless otherwise instructed by the director.
8. Any inappropriate use of alcohol or drugs is strictly prohibited from being used by, purchased by, or in possession of any participant at any function. Prescription drugs are to be given to a counselor or director and will be given out at the appropriate times unless otherwise discussed with parents.
9. Foul language will not be tolerated at any function.
10. Participants are requested to wear undergarments when out in public and for the undergarments not to be exposed. Bathing suits during water events and trips should be appropriate. Anyone who fails to wear appropriate clothing will be asked to change.
11. Cell phone use and possession may be limited or prohibited at functions. This is at the discretion of the director or leader of the function.

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### **In the Church**

12. Participants are not to touch, play with, tamper with, or use any electronic equipment in the church unless specifically instructed by the director or the person in charge of the equipment.
13. Participants are not allowed to use any appliances in the church unless they have specifically asked the director to do so or have been requested to do so by an adult.

### **On Retreats or Trips**

14. Always act in a Christ-like manner.
15. Always remember that you represent Jonesborough United Methodist Church, your community, and your family.
16. Guests or friends on any outing are to be prearranged with the director by the parent(s) or guardian(s).
17. Males are not allowed in designated female sleeping areas and vice-versa unless accompanied by the director, counselor, or adult helper.
18. While in public, a minimum of 4 participants are required in each group unless accompanied by an adult. Junior High is to stay with an adult in groups. Senior High may remain in groups of 4 or more.
19. Trip deposits are due on the day of the registration deadline. They are non-refundable unless either someone else is found to take the participant's place, there is a death in the family, or the participant has an illness that prevents them from attending. Deposits turned in before the deadline can be refunded until the deadline date.
20. Late registration may be accepted, but neither room on the trip nor a bed will be guaranteed. There will also be a 10% late registration fee required unless the student is replacing another student that cannot attend.
21. The trip's final cost is due the Sunday before, unless otherwise noted by the director.
22. Though we love to joke, please be careful and be considerate of others. The director will evaluate any joke's impact and may result in disciplinary action.

### **Changes to the Rules and Covenant**

Any requests for additions and changes will be prayerfully considered by the director and the Pastor of the church. If you find something that needs to be altered within this covenant, please make the director and Pastor aware. Release and Hold Harmless Agreement for Jonesborough United Methodist Church

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By my signature, I, \_\_\_\_\_, the parent or guardian of

\_\_\_\_\_, grant my permission for him/her to participate fully in any activities or trips sponsored by Jonesborough United Methodist Church. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Jonesborough United Methodist Church (JUMC) from all claims that might result from any injury or harm to any minor. This agreement pertains to all programs and activities, including, but not limited to, all programs and activities, including those where transportation is provided.
3. Should medical help be needed, I agree to pay either directly or through my health and accident insurance policy for all medical or hospital costs.
4. I hereby grant permission for photographs, videos, or voice recordings of my minor children as well as myself participating in church-sponsored programs to be used in any church media (including, but not limited to, newsletter, website, advertisements, videos, brochures) and for JUMC to make changes and/or edit this media as the church deems necessary. The below signature applies to any media created or taken prior to this receipt by JUMC.
5. I have read the above Rules and Covenant and hereby agree to follow and support them at all JUMC functions.

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

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## Personal

Participants Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
 Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

## Guardian

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Work \_\_\_\_\_ Cell \_\_\_\_\_ Occupation \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Work \_\_\_\_\_ Cell \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Insurance and Doctor

Hospitalization Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Insurance Subscriber's Name \_\_\_\_\_ SS# (optional) \_\_\_\_\_  
 Insurance Claims Address \_\_\_\_\_  
 Pre-Authorization Phone \_\_\_\_\_  
 (Please provide a copy of your insurance card.)  
 Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (Food/Drugs) \_\_\_\_\_

PLEASE LIST BELOW ANY MEDICATIONS THAT YOUR YOUTH MAY BE TAKING.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<p><b>First Aid</b>                  treatments can and will be used as needed.  <input type="checkbox"/> Eye Wash  <input type="checkbox"/> Benadryl  <input type="checkbox"/> Calamine  <input type="checkbox"/> Hydrocortisone  <input type="checkbox"/> Ibuprofen  <input type="checkbox"/> Tylenol  <input type="checkbox"/> Tylenol Cold  <input type="checkbox"/> Roloids  <input type="checkbox"/> Imodium  <input type="checkbox"/> Throat Spray  <input type="checkbox"/> Neosporin  <input type="checkbox"/> Robitussin  <input type="checkbox"/> Swimmers ear solution  <input type="checkbox"/> Bonine  <input type="checkbox"/> Milk of Magnesia</p>	<p><b>Immunization Record</b> (If required, attach a copy of Vaccine Administration Records)</p> <p>Please give all dates of immunizations for:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Measles DTP</td> <td><input type="checkbox"/> TD (tetanus/diphtheria)</td> </tr> <tr> <td><input type="checkbox"/> Chicken pox</td> <td><input type="checkbox"/> Tetanus</td> </tr> <tr> <td><input type="checkbox"/> German Measles</td> <td><input type="checkbox"/> Polio</td> </tr> <tr> <td><input type="checkbox"/> Mumps</td> <td><input type="checkbox"/> MMR</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis A</td> <td><input type="checkbox"/> Haemophilus influenza B</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis B</td> <td><input type="checkbox"/> Viricella (chicken pox)</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis C</td> <td><input type="checkbox"/> COVID 19</td> </tr> </table> <p>TB Mantoux Test                  Date of last test _____                  Result: Positive ___ Negative ___</p>	<input type="checkbox"/> Measles DTP	<input type="checkbox"/> TD (tetanus/diphtheria)	<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Tetanus	<input type="checkbox"/> German Measles	<input type="checkbox"/> Polio	<input type="checkbox"/> Mumps	<input type="checkbox"/> MMR	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Haemophilus influenza B	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Viricella (chicken pox)	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> COVID 19
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<p><b>THIS BOX IS FOR OFFICIAL USE</b>                  Liability Form: _____ Medication: _____ Year: _____ Rules Form: _____ Notary: _____ Insurance: _____</p>															