

# STUDENT MINISTRIES



## ANNUAL PERMISSION/CONSENT/LIABILITY RELEASE & STUDENT CODE OF CONDUCT FORM

This form must be completed and returned to MPC Student Ministry Administration before any student may participate in any MPC Student Ministry activity or event.

Participant's full Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Work/Cell

Phone: \_\_\_\_\_

### TO WHOM IT MAY CONCERN

The undersigned hereby give(s) permission for our (my) child: \_\_\_\_\_ to attend and participate in Mukilteo Presbyterian Church's Student Ministry activities, events and retreats during the calendar year 2021 - 22 (from December 31, 2021 to December 31, 2022).

### LIMITED RELEASE

In consideration of Mukilteo Presbyterian Church allowing the Participant to participate in MPC's Student Ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Mukilteo Presbyterian Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses or any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the participation fully in MPC Student Ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to the Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify the Church for any liability sustained by the Church as a result of negligent, willful or intentional acts of the Participant, including express incurred attendant thereto.

### MEDICAL TREATMENT PERMISSION

We (I) authorize an adult, in whose care the minor 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 the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Sc on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

### EARLY RETURN HOME POLICY

Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

## **TRANSPORTATION PERMISSION**

The undersigned does also hereby give permission for our (my) child or youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the Church. My child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

## **STUDENT CODE OF CONDUCT**

- My child and I (we) understand that the MPC Student Ministry Code of Conduct is applicable to the Participant at all times while involved with MPC Student Ministries and the sponsored activities and events. My child and I (we) agree to:
- Recognize that everyone in the group is a part of the body of Christ. I will help everyone feel welcome and important.
- Respect the physical and emotional well-being of others by “doing unto them as I would want them to do unto me.” This includes refraining from harsh play or violence, refraining from harmful jokes, respecting the need for sleep, etc.
- Respect the health of my own body by refraining from the use of tobacco, alcohol and illegal drugs. I understand that the use of these substances is absolutely prohibited.
- Respect the things I use and the places I visit. The areas used for all events, including transportation, shall be left clean.
- Participate fully in all scheduled group activities and abide by additional group guidelines made during a special event or trip.
- Act appropriately with members of the opposite sex. This means no couples alone at any time, and no public displays of affection.
- Follow all instructions given by leaders/chaperones without protest. An instruction may be politely and discreetly questioned.
- Stay within the group or assigned sub-group at all times. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
- Hold safety in the highest regard, and refrain from compromising my own safety or another’s safety.
- Provide a trusting environment for my peers. When others share something about themselves in a group discussion, I will not repeat that information outside the group.
- Take initiative to inform my guests of their responsibility to follow these guidelines when they visit or participate in an event.

## **GUIDELINES FOR CONSEQUENCES**

Consequences will focus on restoring peace with reconciliation among the parties involved. Any problems encountered will be handled within the group and by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, the parent/legal guardian will be contacted and informed of the problem. Should the situation be urgent, the parent/legal guardian will be contacted immediately and will be responsible for picking up the youth from an event or providing for his/her transportation home.

**MEDICAL INFORMATION**

Covered by medical insurance: YES: \_\_\_ NO: \_\_\_ Insurance Company: \_\_\_\_\_  
Policy/Group ID: \_\_\_\_\_

Allergies or Medical Conditions:  
\_\_\_\_\_

Prescriptions or Medicines:  
\_\_\_\_\_

If needed, do you authorize giving pain medication (e.g. Tylenol or Advil) to your student? YES: \_\_\_ NO: \_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of Emergency Contact (If Parent/Legal Guardian cannot be reached):  
\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Phone:  
\_\_\_\_\_

**STUDENT/PARTICIPANT AND PARENT/LEGAL GUARDIAN SIGNATURES**

My signature on this Permission/Consent/Liability Release and Student Code of Conduct Form is an acknowledgement that I have read and understand these guidelines. I recognize that this is a permission slip, medical release form. I commit to abide by the provisions of this release form under the direction of MPC Student Ministries.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_