



# Student Ministries Activity Covenant

In order to firmly establish prices, finalize plans, and set-up a payment schedule, we must have a definite count of Students, Parents and Chaperones participating in this activity. By truthfully filling out this form in its entirety, People's Memorial Christian Church is taking your response as a firm commitment to the following Policy, Authorization and Release.

### The Activity Sign-Up Policy is as follows:

- 1 - Parent **MUST** sign their student(s) up and present this form with money on or before due date. Individual forms must be filled out per student, per activity.
- 2 - Deadlines will be clear for monies due for participants, chaperones & guest. Please adhere to these deadlines or risk losing your reserved spot for the activity.
- 3 - Parents/Guardians are responsible for any deposits, tuition costs, or scholarships if participants are unable to attend for any reason. Refunds will be given as long as a participant replacement becomes available.
- 4 - Scholarship Requests - People's Memorial Christian Church will invest, if necessary, any deposits or tuition costs, with the understanding that the above statement (#3) still applies. Please check below:

- Need Help with All Costs for this Activity
- Need Help with Some Costs for this Activity  
\*Please Specify Need - \_\_\_\_\_
- Can Help with Cost for this Activity  
\*Please Specify Amount - \$\_\_\_\_\_

### Parent Authorization for Agreement and Release

Activity \_\_\_\_\_

Destination \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_

I agree to the following:

- 1. I give permission for my child to participate in the above referenced activity.
- 2. I release and hold People's Memorial Christian Church, the Pastor, Student Pastor, Children's Minister or other adult chaperone harmless from any injury, loss, or damage resulting from my child's participation in the above referenced activity.
- 3. I release and hold the Church harmless from any liability for reasonable decisions or actions as may be taken to protect the health and safety of my child.
- 4. I agree that PMCC shall have the right to enforce appropriate standards of conduct and I authorize the Pastor, Student Pastor, Children's Minister or other adult chaperone to take disciplinary or other action deemed reasonably necessary to maintain those standards. If I am accompanying the Student Ministries on the activity, I recognize that violation of any such standards of conduct by my child or me may result in the Church determining that we may no longer participate in the current activity or future activities. In such event, I/we will not be entitled to any refund or reduction in fees or costs of the trip.
- 5. I agree that I, as the Parent/Legal Guardian, will be responsible for any and all costs involved in my student being sent home early as a result of my student's inappropriate conduct and actions.

**I have read the Policy, Agreement and Release thoroughly and agree to be bound to the terms and conditions stated herein:**

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

\_\_\_\_\_  
Date

As a student of the Student Ministries of People's Memorial Christian Church, I fully understand my responsibility to act in a manner, which represents Christ and People's Memorial Christian Church proudly. I understand that my parents or legal guardian may be notified and I will be sent home if my conduct and actions are deemed inappropriate and unacceptable.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# MEDICAL AUTHORIZATION AND RELEASE FOR MINOR

Student's Full Name \_\_\_\_\_

This form gives licensed physician consent to give treatment in the case of an emergency. If an emergency arises, every effort will be made to notify the parent or legal guardian.

If your student needs any medicine while on a trip in conjunction with this church, including Aspirin or Tylenol, please be certain that the medicine is labeled and the directions for administering it are given to an adult chaperone. Medicine will be controlled by this adult.

This form releases the People's Memorial Christian Church, church officials/Staff and adult chaperones of any liability in the event a student is injured or has a medical emergency that occurs while on a church-related trip.

*I have read all the literature about the trip and give permission for my student to attend and participate in this activity. I furthermore authorize the Pastor, Student Pastor, Children's Minister or other adult chaperone to seek medical treatment for my student if necessary.*

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

Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dad Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mom Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Other Emergency Contact - Home(\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

## Medical Information

Family Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy/Group No. \_\_\_\_\_

## Medical History

- Is the student suffering from:

\_\_\_\_ Rheumatic Fever    \_\_\_\_ Epilepsy    \_\_\_\_ Asthma    \_\_\_\_ Diabetes    \_\_\_\_ Tetanus \_\_\_\_\_  
(Last injection)

-Allergic to Drugs/Medications \_\_\_\_ yes \_\_\_\_no    If yes, please specify \_\_\_\_\_

- Is the student presently on any medications? If yes, please list:

\_\_\_\_\_

- Is the student presently under medical treatment? If yes, please list the reason:

\_\_\_\_\_

- Is the student allergic to insect bites or bee stings \_\_\_\_ yes \_\_\_\_no    If yes, do they have an EpiPen or medication?

- Please list any food allergies \_\_\_\_\_

List any instructions \_\_\_\_\_