



Second Presbyterian Church
 318 E. 55th Street
 Kansas City, MO 64113
 (816) 363-1300

From: September 1, 2009
 To: September 1, 2010

My child, _____, may take part in field trips, retreats, mission trips, backpacking trips, ski trips, or any other excursions under appropriate supervision of a representative of Second Presbyterian Church.

_____ home address _____ city, state, zip code

_____ Mother's name _____ home phone _____ work phone _____ cell or other phone

_____ Father's name _____ home phone _____ work phone _____ cell or other phone

*You must attach a photo copy of insurance card for treatment.

Address(es) (if different than child) _____ state _____ zip _____

Emergency Contact /relationship (in case parents cannot be reached) _____ phone (____) _____

Medical Insurance Company Name _____ policy Number _____

Clinic/Doctor's Name _____ phone (____) _____

My child routinely receives medication : _____Yes _____No (If yes, complete Section 1)

My child has allergies or diet restrictions: _____Yes _____No (If yes, complete Section 2)

My child has a special condition: _____Yes _____No (If yes, complete Section 3)

I give Second Presbyterian Church permission to use my child's image on publications: _____Yes _____No

Date of child's last tetanus or booster shot _____

Section 1 – Medication Agreement

I understand that Second Presbyterian Church, its employees, and volunteers, are not responsible for administering medication to my child, and that they are not liable if my child takes the wrong dosage of medication. I also understand that if my child attends Second Presbyterian Church programming with a hypodermic needle, it needs to be kept in an enclosed package. If appropriate, medication may be held by a staff person or designated leader. All hypodermic needles will be kept by a staff person or designated leader. In the event that my child needs medication, my child will let a staff person or designated leader know.

Name of medication(s) and dosage(s) _____

Reason for medication(s) _____

Section 2 Allergies or Diet Restriction

List all allergies and/or diet restrictions _____

Section 3 – Special Conditions

Specify and describe your child’s special health, learning, or behavioral condition as well as any special care we may need to administer.

Authorization and Release

Authorization for Emergency Medical Treatment and Release of Liability

I, (parents/guardians) _____, _____ hereby authorize a representative of Second Presbyterian Church to give consent for medical treatment of our child, _____, in the event of illness or injury. I/we hereby release Second Presbyterian Church, its employees and volunteers for any such treatment provided to my child. I/we further release Second Presbyterian Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church event and/ or trips. In case of emergency, I/we understand that every effort will be made to contact me as a parent or guardian. In the event that I/we cannot be reached, I/we hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery for my child. Furthermore, I/we understand that my child can be sent home for any reason. This notarized authorization is effective for the individual(s) named above for the period of September 1, 2009 through September 1, 2010.

All information must be completed. Marsha Kirsch (in the church office) can notarize this for you if you sign it in front of her. To maintain privacy, this form will be kept in the youth office and needs to be updated each year. At the end of the year, our old records will be destroyed.

Signature of Parent(s) or Guardian- Mother

Signature of Parent(s) or Guardian - Father

Notary Signature

Date

State

Notary Stamp

Date my commission expires

County

Covenant for All Youth Attending Second Presbyterian Church Youth Ministry Trips and Events

During our upcoming youth ministry trips and events, we will be doing our best to live together as a family in Christian community. Family life is based on love, respect, trust, support, and spending time together. Each of us, as a member of the family, is very important. To create and maintain this atmosphere of family and community, all youth must agree to the following covenant. Thank you for your participation!

1. When we travel away from Second Presbyterian Church, I recognize that we are guests to our host organization. As guests, we will be considerate of our host organization and to any leaders who reside there. In the evenings we agree to be inside our lodge after 9:00 p.m. or when the adult advisors ask us to stay inside. We understand that inside, "quiet hours" are established by the trip leaders.

2. As a member of Second Presbyterian youth group, I will:
 - be responsible for my own belongings and respect the property of others.
 - keep my electronics and cell phone (if allowed) in my room and use personal headphones.
 - participate fully in the events of the youth ministry trips and events.
 - be respectful of the adult leaders and their decisions.
 - especially care for and respect property of the church and of the host organizations.
 - use the "buddy system" outside during free time, and let an adult know where I am going.
 - be responsible in my expression of care, concern and intimacy.
 - not bring or use substances such as tobacco, alcohol or illegal substances such as drugs.
 - have both of my parents complete a notarized permission form for away-from-church events.

3. As participants in this youth group, I recognize that I am joining a Christian family and community. I agree to abide by this covenant while I am a member of this community. I understand that if I break this covenant, my parents may be notified, and that I may be sent home at my parents' or my expense.

I understand that Second Presbyterian Church staff and leaders will determine what is appropriate behavior, and I agree that I will participate fully, behave appropriately and act respectfully toward those with whom I participate, travel and work. I understand that I represent Jesus Christ and Second Presbyterian Church, and will behave accordingly. Regardless of age, I agree I will not have in my possession or use anything which is or could be considered a weapon, any type of explosive device including fireworks, drugs or chemicals of any kind unless they are listed on my medical form as prescribed medication. I understand that cell phones may not be allowed during trips and/or events, and the trip information will specify. If I have a cell phone in my possession on a trip when it is not allowed for use, it may be confiscated and returned at the end of the trip and/ or event. I understand that if my behavior is deemed to be disruptive or destructive my, parents may be notified, and I may be asked to leave or be sent home at my parents' or my expense.

Youth Signature: _____ Date _____

If you have any questions, please contact any one of our youth ministry staff at the church (email us at pisgrig@secondpres.org or call (816)363-1300). Thank you!

This form is on our website www.secondpres.org