

This form must be on file for student to participate in activities off church grounds. Please notify CSM of any information changes

# Covenant Student Ministries 2024-2025

## GENERAL MEDICAL RELEASE, COVENANT OF CONDUCT AND PERMISSION FORM



Name you go by \_\_\_\_\_ Last Name \_\_\_\_\_ email: \_\_\_\_\_  
email: \_\_\_\_\_; \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

T-Shirt Size (adult sizes-insert X for your choice)   S     M     L     XL     XXL  

Parental authorization to use photographs and video—I (do do not) give permission for my child's image to be added to the Covenant Church Website and Facebook Page. (insert X for your choice)

### **Covenant of Conduct** (must be signed by participant and parent prior to off site activities)

I, (student) \_\_\_\_\_, understand that all events sponsored by Covenant Church and WNCC are for the Christian nurture and growth of every person in attendance, and all instructions given by the adult leaders and/or event staff are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco, nor alcohol, or illegal drugs, nor have them in my possession, nor will I have in my possession any device that can be used to start fires.

**I AM AWARE THAT CELL PHONES AND DEVICES USED FOR SOCIAL MEDIA ARE NOT PERMITTED ON CSM OVERNIGHT EVENTS. IF MY PHONE IS ALSO MY CAMERA, I WILL MAKE OTHER ARRANGMENTS FOR A CAMERA. MY SIGNATURE AND MY PARTICIPATION IN EVENTS SIGNAL MY ACCEPTANCE OF THIS POLICY.** I will not possess weapons or energy drinks of any sort. I will attend all sessions of the event with my group. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better! I will observe the curfew set by my leaders. I will wear clothing appropriate for a Christian event, including modest shorts, tops, and bathing suits (1 piece or tankini). I understand that willful failure to abide by these guidelines or to comply with instructions can cause serious problems and, upon consultation with counselors and staff, will result in immediate contact of parents to make arrangements for me to be returned home at my parents' expense.

**I have read the above paragraph and I agree to be responsible for my behavior in acceptance with the guidelines stated above. My parents and I understand violation of the guidelines will result in my being sent home.**

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

**Permission for Minors:** I hereby give permission for my child \_\_\_\_\_ to attend the activities sponsored by Covenant Student Ministry and WNCC and participate fully in activities.

**Emergency Medical Care:** in the event that \_\_\_\_\_ suffers any illness or accident requiring emergency hospitalization while at any event sponsored by Covenant Church or the WNCC, I hereby give permission for any necessary hospitalization. I hereby give -permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person above in case of emergency. I hereby give permission to a physician to hospitalize/secure proper treatment for/order injection of anesthesia for the above named. I will not hold Covenant Church or the WNCC nor any other organization/facility/ staff associated with these events responsible in the event of accident, loss or death.

Parent's Signature \_\_\_\_\_

**Electronic signatures carry the same legalities as a handwritten signature.**

Today's date \_\_\_\_\_ ***This document is effective for 1 years from date signed.***

\_\_\_ Female \_\_\_ Male Age \_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Parent Cell ( ) \_\_\_\_\_ ( ) Child Cell ( ) \_\_\_\_\_

Parent Work Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) Yes, I would like to receive ministry updates by text. If so, please indicate cell service carrier; example-Verizon ( \_\_\_\_\_ )

**Emergency Information:** Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Ph. #1 ( ) \_\_\_\_\_ Ph. #2 ( ) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Name on Policy \_\_\_\_\_

Relationship \_\_\_\_\_ Policy # \_\_\_\_\_

Special Medical or Dietary needs \_\_\_\_\_

Known Allergies \_\_\_\_\_

Limitations \_\_\_\_\_

All Current Medications (please advise leaders prior to departure of change or dosage) \_\_\_\_\_

Other Possible Medications—Please check any of the OTC medications listed we have permission to administer.

\_\_\_ Aspirin \_\_\_ Tylenol \_\_\_ Ibuprofen \_\_\_ Tums

This Form is incomplete unless signed where necessary and a copy of your insurance card is on file.