

RESTORATION CHURCH PERMISSION FORM

**** FORM REQUIRED IN ORDER TO GO ON ALL KIDS & YOUTH TRIPS ****

Event: _____ Event Date: _____ Location: _____

Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to—
 pollens medications food insect bites
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
3. Date of last tetanus shot: _____
4. Does your child wear glasses contact lenses
5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

Flip Over >>>

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For your information, we expect each student to conform to these rules of conduct

The Golden Rule: Treat others as you would like to be treated

The Health Rule: Do not carry, possess, use, buy or sell drugs, alcohol, or tobacco products of any kind.

The Safety Rule: Do not carry, possess, use, or threaten to use any type of weapon or explosive. Do not fight. Do not make threats of terrorism or make jokes concerning terrorism. (NO fireworks, guns, knives, sling shots, hand grenades, etc)

The Permission Rule: Everyone under the age of 18 MUST have a completed and signed permission slip listing all medical and emergency contact information before embarking on any youth trip or event.

The Medicine Rule: If you are taking any prescription or over the counter medication it must be noted on your permission slip.

The Transportation Rule: No one under the age of 18 will be allowed to drive to a youth ministry event unless the student and any student passengers have a written permission slip from their parents to do so.

The Guy/Girl Rule: No guys in girls rooms and no girls in guys rooms. Obey all stated or posted "off limits" areas. No PDA (public or private displays of affection)

The Modesty Rule: All clothing and attire must be modest and not portray a negative or illegal message. (Girls no short skirts, skin tight dresses, low cut tops, bikinis, etc) If you break this rule you will be asked to change.

The Entertainment Rule: Elementary students will not be permitted to bring any electronic devices. Middle & High School students should exercise good judgment while using smart phones, cell phones, tablets, laptops, and portable gaming systems. Such devices are to be used only while driving to and from youth events. The use of explicit, violent, or vulgar music, movies, games and TV shows is not allowed. If caught breaking this rule your device will be confiscated for the duration of the trip or event.

The Schedule Rule: Everyone is required to be at all scheduled events, check in times, meals, meetings, and services ON TIME. NEVER wander off alone or without the permission of an adult leader.

The Respect Rule: Listen to and Obey all adult leaders, sponsors, chaperones, and interns; they are here because they love you and care about you and want you to have fun.

For the safety of you and your friends, anyone breaking the health or safety rule will be automatically sent home at their own (or at your parents) expense.

I, the student, have read and understand the above rules and policies that have been set in place to ensure that my event or trip is safe and enjoyable for both myself and everyone else. I agree to abide by them during this trip/event by signing below

Student signature: _____ Date: _____

(Name of Participant) _____ has my permission to attend _____

in _____ with Restoration Church.

This consent form gives permission to seek whatever medical attention is deemed necessary, and release Restoration Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend this event with Restoration Church. I/We understand that there are inherent risks involved in any ministry trip or event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff.

Parent/guardian signature: _____ Date: _____