

**Center United Methodist Church Field Trip Permission Form
Medical Authorization and Release Form**

Effective Date(s): _____

Child/Youth Name: _____

Address: _____

Phone: Home _____ Cell _____

School: _____ Grade _____

Date of Birth: _____

I give permission for my child, _____,
to participate in Center United Methodist Church student programs and events during the time period listed. I hereby release Center United Methodist Church, its staff, and sponsors, from responsibility and liability for any injury or illness that my child may sustain during activities. In the event of an emergency, I authorize an adult leader of the activity, as an agent for me, to consent to any treatment needed by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are needed. I expect to be contacted as soon as possible in the event treatment is needed. I understand that it is my responsibility to update the information below with any changes.

Signature of Parent or Guardian: _____

Printed Name: _____

Insurance Company: _____

Policy Number: _____

Member's Name: _____

Allergies: _____

Current Medications: _____

Emergency Contact #1 _____ Phone: _____

A copy of this form must be carried in the vehicle of the adult leader(s) at all times.

Participation Covenant Statement

The congregation of Center United Methodist Church is committed to providing a safe and secure environment for all children, youth and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation’s commitment to preserving this church as a holy place of safety and protection for all who would enter.

- 1) No adult who has been convicted of child abuse (sexual, physical, or emotional) should volunteer to work with children or youth in any church-sponsored activity.
- 2) Adult survivors of child abuse need the love and support of our congregation. Any adult supervisor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with the minister before accepting an assignment.
- 3) All adult volunteers involved with children or youth of our church must have been members of the congregation for at least six months before beginning a volunteer assignment.
- 4) Adult volunteers with children and youth shall observe the “Two-Adult Rule” at all times so that no adult is ever alone with children and youth.
- 5) Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep informed of church policies and state laws regarding child abuse.
- 6) Adult volunteers shall immediately report to their supervisors any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

- 1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth?
_____ yes _____ no
- 2. As a volunteer in this congregation, do you agree to abide by the “Two-Adult Rule” at all times?
_____ yes _____ no
- 3. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment?
_____ yes _____ no
- 4. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to the pastor or immediate program supervisor?
_____ yes _____ no
- 5. Not including traffic violations, have you ever been convicted of/or pleaded guilty to a misdemeanor or felony crime, (including, but not limited to: drug related charges, child abuse, other crimes of violence, and theft)? _____ yes _____ no
If yes, will you discuss the matter with the minister before accepting a volunteer assignment?
_____ yes _____ no
- 6. If any of the above information changes, I will report it promptly to the pastor or Christian Education Coordinator. _____ yes _____ no

_____ Date _____
(Signature of Applicant)

_____ Date _____
(Signature of Pastor)

_____ Date _____
(Signature of Program Director)

