

Emergency & Health Insurance

Emergency Contact (Other than Parents) _____ Relation _____

Phone: Home _____ Work _____ Cell _____

Medical Insurance Company _____ Policy # _____

Physician _____ Phone Number _____

Medical History/Information

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 youth is subject and of which we and medical professionals should be aware, and what, if any, action or protection is required on account thereof. If necessary, submit this notification in writing and attach it to this form.

Check the following areas of concerns for this youth. If necessary, add another page with details.

1. For youth youth's safety and our knowledge, is your youth a...
___ good swimmer ___ fair swimmer ___ non-swimmer
2. Does your youth have allergies to...
___ pollen ___ medications ___ food ___ insect bites

List medications/food or other allergies _____

3. Does your youth suffer from, or has ever experienced, or is being currently treated for any of the following: ___ asthma ___ epilepsy/seizures ___ heart trouble ___ diabetes
___ frequently upset stomach ___ physical handicap ___ headaches

4. Date of last tetanus shot: _____

5. Please list and explain any major illnesses your youth experienced during the last two years:

6. List names of medications and dosages that must be taken:

7. Should this youth's activities be restricted for any reason? Please explain:

8. Additional comments (please include any medication/treatment that should NOT be given):

HERNDON UNITED METHODIST CHURCH YOUTH MINISTRIES
TRANSPORTATION PERMISSION FORM
SEPTEMBER 1, 2009 - AUGUST 31, 2010

I, _____, give my permission for _____ to be
Name of parent Name of youth

transported by the adults/leaders in charge of HUMC related activities for which HUMC provides transportation.

I further understand and agree that Herndon United Methodist Church is not liable for any loss sustained by such transportation.

I understand that the driver will be at least 21 years of age with a valid driver's license.

This permission is valid from September 1, 2009 to August 31, 2010.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Phone

Address

Special Information:

IN THE EVENT THAT PERMISSION IS WITHDRAWN, THE PARENT MUST NOTIFY THE YOUTH PASTOR AT HERNDON UNITED METHODIST CHURCH IN WRITING.

**HERNDON UNITED METHODIST CHURCH YOUTH MINISTRY
COVENANT OF CONDUCT**

NAME _____

PHONE _____ **EMAIL** _____

COVENANT PLEDGE FOR ALL PARTICIPANTS

As a participant in the activities of the Herndon UMC Youth Ministry, I PROMISE to join in the Covenant Pledge with the other participants. I understand and will abide by all of the following rules. This is a Christian group, and I will conduct myself accordingly!

1. When I attend an event, I will participate in ALL activities, unless excused by an adult.
2. I will respect any and all directions given by the adult youth leaders and chaperones on Sunday nights and during any trip/activity.
3. I will abide by the “rule-of-three” buddy system, and I will not leave any areas designated by boundaries set by the adult leaders.
4. I will arrive at the pre-arranged destination at the pre-arranged times. If I see that I will be arriving late, I will call an adult leader.
5. Boys=Blue; Girls=Red. At no time will I make Purple with anyone! I will not engage in any excessive displays of affection or sexual activities.
6. I will not bring anything considered illegal for minors under civil and criminal law. This includes drugs, alcohol, cigarettes, firearms, weapons, fireworks, etc.
7. My conduct, language, and appearance (including dress) will be in keeping with the highest Christian regard and respect for all persons – including myself.
8. I will abide by the Code of Conduct of any sponsoring organization.
9. I understand that violation of this pledge will result in my early dismissal from the program or trip/activity and the need for my parents to pick me up from the activity at the parent’s expense.
10. I am a representative of myself, my family, my friends, my Church and God. I will act in a way that would make everyone proud.

Signature of Youth

Date

Signature of Parent

Date