

Corner House Christian Church
Universal Permission Form

Effective Dates: May 2024 – April 30, 2025

CHILD INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address: _____

Cell Phone _____

PARENT/GUARDIAN INFORMATION

List all phone numbers where the parent/guardian can be reached (type: i.e., home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my Child/Teen _____ attend and participate in any Corner House Christian Church Children/Teen ministry activities, events, retreats, and childcare during the period of May 1, 2024 – April 30, 2025.

LIABILITY RELEASE: In consideration of Corner House Christian Church allowing the your Child/Teen to participate in Children/Teen ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips and childcare) I, do hereby release, forever discharge and agree to hold harmless Corner House Christian Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the Parent/Guardian and the Child/Teen while involved in the Children/Teen activities and childcare. I, _____ parent or legal guardian of this Child/Teen hereby grant my permission for the Child/Teen to participate fully in children/Teen ministry activities and childcare, including trips away from the church premises. Furthermore, I, on behalf of my minor Child/Teen, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense because of participation in recreation and work activities involved therein. The Parent/Guardian further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful, or intentional acts of said Child/Teen including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the Child/Teen has been entrusted, to consent to any emergency x--ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care) to be rendered to the Child/Teen under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The Parent/Guardian shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the Child/Teen pursuant to this authorization.

EARLY RETURN HOME POLICY, should it be necessary for my Child/Teen to return home due to medical reasons, disciplinary action or otherwise, the Parent/Guardian shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The Parent/Guardian does also hereby give permission for my Child/Teen to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Corner House Christian Church. My Child/Teen and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

X. _____
Child Teen Participant's Signature Date

X. _____
Parent/Guardian Signature Date

MEDICAL INFORMATION

**(To be completed when over 25-mile radius of Corner House
Christian Church Campus)**

CHILD/TEEN INFORMATION *(Please Print)*

Full Name _____ Nickname _____

Address _____

Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers in best order to be reached: _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____

Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

MEDICATION:

List all medications the Child/Teen will take during any Child/Teen ministry trips, retreats, or events. Please include prescription, nonprescription medications, herbal supplements, and vitamins. Any participant under the age of 18 is required to give ALL MEDICATIONS to the adult leader in their original containers with complete **dispensing instructions before the start of the event.** Children/Teens are not permitted to carry any prescription or non-prescription medication and will be sent home at the Parent/Guardian's expense if they do.

**Medication
Name**

Dose

**Treatment
for**

**Dispensing
instructions**

Over-the-Counter Medication Permission: Do you give permission for your Child/Teen to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids Benadryl) while at a Child/Teen ministry event?

No. Contact me or get medical help if my Child/Teen has any minor medical concerns.
Parent/Guardian signature _____

Yes. I give permission for an adult youth leader to give my Child/Teen approved over-the-counter medications as directed on an as needed basis to treat nonemergency medical conditions.
Parent/Guardian Signature _____

MEDICAL CONDITIONS:

Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

I. List any medical conditions your Child/Teen has (asthma, diabetes, epilepsy, etc.)

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e., physical, behavioral, or emotional) that would be important for the adult leaders to know.

Corner House Christian Church Expectations

The following rules and guidelines are equally binding on adult leaders/chaperones and child(ren) or Teen. (Participants)

NON•NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time related instructions.
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be **in** assigned rooms by designated time.
- Coed visitation only in assigned community room.
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- Will not break any American laws in the United States or any other country.
- Bullying (verbal, non-verbal, image altering, negative cartooning) is not permitted.

GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Adults and Child/Teen will be equally responsible for performing assigned tasks **in** a timely and cooperative manner.
- Participants will be respectful, encouraging, and will always maintain a positive attitude toward others, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including humor) which puts down, makes fun of, or stereotypes other persons or groups including no bullying.
- Sleeping areas for males and females will be separate.

Child/Teen Statement: By signing this form, I pledge to honor God and respect others during all activities upon which this agreement is in force. I agree to follow the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

x. _____

Child/Teen Participant's

Date

Parent/Guardian's Statement: By signing this form, I agree to support the Corner House Expectations printed above and will accept responsibility for the payment of my Child/Teen return transportation should s/he breaks one of the non-negotiable rules.

x. _____

Parent/Guardian's Signature

Date

Adult Leader Statement: By signing this form, I pledge to honor God and respect others during all activities upon this agreement is in force activity by following the rules and guidelines printed above.

x. _____

Adult Leader Signature

Date

Corner House Christian Church Photo Release Form for Children and Youth

I agree that Corner House may photograph and record my Child/Teen likeness and activities (Images)¹ during church-related activities. I grant the following rights to Corner House: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Corner House from all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Child/Teen Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

Street Address

City, State, Zip

¹ Image means all photographs, videos or other recordings taken of you as part of the Shoot.