



Holy Cross Lutheran Church - ELCA
W156N8131 Pilgrim Road, Menomonee Falls, WI 53051
262-251-2740

9/1/2017 – 9/1/2018 Youth Ministry Permission Slip
Behavior Standards and Expectations

7th – 12th
Grade

YOUTH INFORMATION (Please Print in Pen)

Name: _____ Nickname: _____

Address: _____
(Street / City / State / Zip)

Male Female Date of Birth: ____/____/____ Phone Number: _____

Email: _____ Cell Number: _____

Grade: 7th 8th 9th 10th 11th 12th School: _____

Holy Cross Lutheran Church Member: Yes No

PARENT/GUARDIAN/CAREGIVER INFORMATION

Youth lives with: Mother Father Stepmother Stepfather Other: _____

Name: _____ Relationship: _____

Address: _____
(Street / City / State / Zip)

Phone Number: _____ Cell Number: _____

Work Number: _____ Email: _____

Holy Cross Lutheran Church Member: Yes No, Home Church _____

Name: _____ Relationship: _____

Address: _____
(Street / City / State / Zip)

Phone Number: _____ Cell Number: _____

Work Number: _____ Email: _____

Holy Cross Lutheran Church Member: Yes No

EMERGENCY CONTACT INFORMATION (Parent/Guardian/Caregiver) will be contacted first, please give another name and number.)

Name: _____ Relationship: _____

Phone Number: _____ Cell Number: _____

Work Number: _____

Name: _____ Relationship: _____

Phone Number: _____ Cell Number: _____

Work Number: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy / ID Number: _____

Copy of the Insurance Card Provided: Yes No

Health History and Information

Allergies:

- Hay fever
- Insect Stings
- Penicillin
- Peanuts / Nuts
- Milk
- Other: _____

Diseases or Health Concerns:

- Chicken Pox
- Measles
- Mumps
- Rheumatic Fever
- Eczema
- Diabetes
- Ear Infections
- Ear Tubes
- Seizures
- Convulsions
- Heart
- Other: _____
- Asthma
- Behaviors
- Nosebleeds
- Contact Lenses
- Migraines

Other Allergies, Health Concerns or Details of Any Above: _____

Operations / Serious Injuries / Limitations (Date & Explanation): _____

Chronic / Recurring Illness: _____

Does youth have permission to take their medications on their own? Yes No

- Please send all medication that may be needed during an event.
- All medications should be sent in their original containers with the label from the pharmacy.

Medication Name	Dosage	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician Name: _____ Phone Number: _____

You have my/our permission to give my youth the listed over the counter medications:

Yes No	Dosage	Reason for Medication
<input type="checkbox"/> <input type="checkbox"/> Ibuprofen.....	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Acetaminophen (Generic Tylenol).....	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Diphenhydramine Hydrochloride Antihistamine (Generic Benadryl)...	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Pepto-Bismol.....	_____	_____
<input type="checkbox"/> <input type="checkbox"/> 1% Hydrocortisone Cream (Anti-Itch).....	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Triple Antibiotic Ointment.....	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Other: _____	_____	_____

At this time I am choosing not to provide medication/health information and understand by doing so that if in the future medical attention is delayed because of this choice I will not hold any staff or anyone involved in the activity responsible.

PERMISSION:

- I give permission for _____, whom I am the legal guardian for, to participate in events and activities sponsored by Holy Cross Lutheran Church between September 1, 2017 to September 1, 2018.

Exclude from the following activities: _____
 because: _____

- I give permission for my 7th through 12th grade youth to help carry, set up and take down musical/set equipment when needed.
- I give permission for photo/video/slide/PowerPoint presentations of my family members to be used in Holy Cross Lutheran Church Literature, Holy Cross Lutheran Church Website and/or other publications that spotlight the events/programs that we are participating in.
- In case of emergency: I hereby give permission to the medical personnel selected by the church staff member or staff appointed chaperone to provide routine health care, to administer medications, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the church staff member or staff appointed chaperone to secure and administer treatment, including hospitalization, for the person named above. Holy Cross Lutheran Church staff will make every attempt to notify you before making a doctor's appointment or an emergency room visit for your child while they are in our care. All minor medical needs will be cared for by the staff or the staff appointed chaperone without notification to the parents.
- If any of the above information changes, I understand that it is my responsibility to notify the church.

I understand and give my permission:

Parent / Guardian Print Name: _____

Parent / Guardian Signature: _____

Date: _____

Youth Print Name: *(only if the youth is 18 years old)*: _____

Youth Signature *(only if the youth is 18 years old)*: _____

Date: _____

INSURANCE POLICY AND ACCIDENTS

- The church does not provide travel, medical or accident insurance for participants in any of its programs. All participants assume some inherent risk of injury from their involvement in the programs or activities.
- Please report any accidents, injuries or unusual incidents immediately to the staff person present. The church assumes no responsibility for injuries received while participating in activities.
- Minor injuries such as superficial wounds will be cleaned with soap and water. A band-aid or bandage will be applied for protection and an ice pack will be applied if needed. The staff will make an entry into the medical log.
- In the case of a serious accident or injury, the church staff member or staff appointed chaperone will provide first aid. The church staff member or staff appointed chaperone will contact the Emergency Medical Services system by dialing 911 when immediate help is required. The church staff member or staff appointed chaperone will contact a parent or legal guardian or, if the parent or legal guardian cannot be reached, the alternate emergency contact person. The child will be transported by ambulance to Community Memorial Hospital in Menomonee Falls or to the closest hospital in the area where the event/program is being held. A child's medical records from his/her file will go along to the hospital.
- A medical log for the church will be located by the first aid kit. Staff will record any injuries minor or severe, which occur to anyone while at church.

I understand these policies:

Parent / Guardian Print Name: _____

Parent / Guardian Signature: _____

Date: _____

Youth Print Name: *(only if the youth is 18 years old)*: _____

Youth Signature *(only if the youth is 18 years old)*: _____

Date: _____

BEHAVIOR STANDARD AND EXPECTATION GUIDELINES FOR ALL YOUTH EVENTS AND MINISTRIES

The following policies have been established by Holy Cross to ensure the safety of all participants and staff. Priority is given to all youth having a safe and enjoyable time.

- The Holy Cross Youth Program has a zero tolerance policy regarding the use of tobacco, alcohol, or other drugs not prescribed by a physician, by any youth at an event/program. Use or possession of the substances will result in parents being called. It is the parent's responsibility to come and pick up their child at their expense.
- The Holy Cross Youth Program has a zero tolerance policy regarding the use or possession of weapons (i.e. knives, guns, laser pointers, fireworks, etc...) at any youth event/program. Use or possession of weapons will result in parents being called. It is the parent's responsibility to come and pick up their child at their expense.
- A youth, and/or the youth's belongings may be searched by church staff at any time. The youth will be invited to be present for the search when feasible. Any items found in violation of law or church policy will be confiscated and may be turned over to law enforcement.
- If a participating youth is involved in any illegal and/or inappropriate activity such as shoplifting, vandalism, physical sexual relations, sexual harassment etc..., parents will be notified and it will be parent's responsibility to come and pick up their child at their expense.
- Typically all youth events start and stop at Holy Cross. No one under the age of 21 may drive youth to or from any event taking place off of church property.
- If a youth must arrive at or leave an offsite event that is already in progress, parents must make arrangements, in advance, with paid staff regarding the youth's transportation.
- During hotel and retreat overnights, males and females will not be allowed in each other's rooms unless an adult guide is present. Males and females will have separate sleeping areas, either in separate rooms or on separate sides of the same large room. At no time will males and females be able to sleep in common areas without adult supervision.
- Any expenses incurred by a youth that are not a regular expense of the youth event (i.e. room service, telephone calls, videos, laundry, etc...) will be the financial responsibility of the youth and parent.
- Guests of youth are typically welcomed to attend events/programs. Guests must register by the deadline set for the event/program using a registration form or sign up sheet and bring with them a copy of this permission slip/health form to the event. At the staff discretion a limit of one guest per member may be enforced.
- On an event by event basis, scholarships will be made available. Families should contact the Minister of Youth Faith Formation for information. It is the goal of the Holy Cross staff, Holy Cross Youth and Christian Education Ministry Teams, that all youth will be welcomed, regardless of financial need.
- Deposits paid for youth trips are non-refundable. If a youth is unable to attend an event, they are encouraged to find someone to attend in their place.
- When using our church, another church or public facility, we will strive to leave it in a cleaner condition that when we found it. We will treat all property with care and respect.
- Food and drink are not allowed in the sanctuary.
- In the Trinity Center tennis shoes must be worn on the gym floor during sports events.
- Youth are to arrive no earlier than 15 minutes prior to an event/program start time and picked up no later than 15 minutes of event/program completion time.
- As a Christian group we will strive to follow God's Word and Ten Commandments.
- Clean language, respect toward others and behavior that represents our Christian faith and values, are expected at all Holy Cross Lutheran Church Youth functions. If these expectations are not followed, a staff member or chaperone/guide will discipline accordingly. Gambling is inappropriate and will be disciplined accordingly by staff or chaperone/guide.
- In respect for others, youth are expected to refrain from public displays of affection, and actions that may make others feel uncomfortable.

I understand and will follow these guidelines:

Parent / Guardian Print Name: _____

Parent / Guardian Signature: _____

Date: _____

Youth Print Name: _____

Youth Signature: _____

Date: _____