

ZUMC Covenant of Conduct for Youth

As representatives of Christ and his church, we, the participants in this event _____, take seriously our responsibility to care for one another. This covenant represents our affirmation of concern for the well-being of the total community. We covenant with each other to insure the safety of all to, make our time together more meaningful, and to care for the facility which we use.

In addition to our general concern for our community, we agree specifically to:

- Leave vehicles parked and unoccupied.
- Remain on the site unless having been given permission to leave.
- Attend all activities including meals.
- Observe scheduled curfew by being in rooms, being quiet, and not disturbing others.
- Never enter the room of someone of the other gender.
- Not use tobacco products.
- Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials. This should be remembered when considering practical jokes, water fights, use of shaving cream, and so forth. Do no harm to others.

This covenant is made between each person and the whole group. In the case of a broken covenant, I understand that if the brokenness cannot be reconciled, that I may be sent home at my expense.

Signature of Participant

Date

Print Full Name

ZUMC Event Participation/Field Trip Permission Form

Child/Youth's Name _____

Purpose/Nature of field trip _____

Place of the field trip _____

Address of the field trip _____

Date _____ Time _____

Method of transportation (if by car, include name of driver or drivers) _____

Cost if any(should be turned in with permission form) _____

Parent's/Guardian's Name _____

Parent's/Guardian Phone # _____

Cell Phone # _____

Emergency Contact Name/Phone # _____
(Someone other than a parent or guardian who can call in an emergency.)

I agree that pictures or videos of my child/youth may be taken and used during any church program.
No Yes

Custody type: (circle one) 1=Both Parents 2=Mother Only 3=Father Only 4=Other _____

My child may be picked up by: _____

Signature of Parent or Legal Guardian Date

ZUMC Health History Form

Name of Child/Youth: _____ DOB _____ Age _____

Address _____ State _____ Zip _____

Name of Parent/Guardian _____ Telephone# _____

Name of Child/Youth's Physician _____ Telephone# _____

Family Medical/Hospital Insurance Carrier _____

Policy# _____ Group# _____

List any allergies _____

List any other health conditions _____

Authorization for Treatment: I hereby give permission to the medical personnel selected by the adult in charge 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/youth. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult in charge to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for use off-site.

*Signature of parent/guardian of minor

Date

Important-This box must be completed for participation.

This health history is correct so far as I know, and the person herein described has my permission to engage in all program activities. *Initials _____ Date _____

ZUMC Medications Form

Written parental consent is required before a minor (under 18) may be given any medication or treatment of any kind. During trips or at events, children and youth may need medication for ailments such as headaches, stomachaches, diarrhea, or a low-grade fever. They might need insect repellent, chapstick or sunscreen. You **must** send any over-the-counter medication your child may need in the original bottle/package (including aspirin, ibuprofen, etc.). Prescription drugs must be in the original bottle/package with the physician's instructions for administering them. Put all drugs in their original bottle/package in a Ziploc bag and label it with your child's name. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label for prescription drugs or by written instructions from parents/guardians for over-the-counter drugs. Complete the middle part of this form with instructions.

Children may keep asthma sprays, epi-pens, insect repellent, sunscreen, or chapstick with them if they know how to use them with prior permission from the adult in charge of first aid. All other medication must be turned in to the adult in charge of the first aid, unless we have a note signed by a physician stating that a child must keep a certain medication with them.

It is the responsibility of the child/parent to make sure all medication is picked up at the end of the trip/event/camp.

List all over-the-counter and/or prescription medication that your child will have at this trip/event/camp. **Give exact instructions for administering over-the-counter medications. We cannot administer over-the-counter medication without written instructions.**

Medication	Instructions	Initial/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication/chemical treatments recommended by the American Red Cross:

The following items are recommended by the American Red Cross as the appropriate treatment for these conditions. Initial each treatment you want your child to receive if needed. These medications should be available in trip/event/camp first aid kits. No other medication is available unless sent with your child.

- | | |
|---------------------------------------|---|
| _____ Poisoning | Syrup of Ipecac, Activated Charcoal – administered as directed by the Carolina Poison Control Center, 1-800-848-6946. |
| _____ Small wounds, cuts, | Antibiotic ointment |
| _____ Animal or tick bite, minor burn | |
| _____ Poison Ivy | Topical antihistamine such as Caladryl or Benadryl |
| _____ Marine life stings | Baking soda and salt water |
| _____ Sunburn | Aloe gel |
| _____ Insect bites | Topical antihistamine such as Benadryl |

I give my permission for my child, _____, to take medications listed above and, if needed, to have any of the treatments I have initialed.

Signature of Parent or Legal Guardian _____