BEHAVIORAL GUIDELINES FOR YOUTH ACTIVITIES/TRIPS

Because I (we) understand that the purpose of this youth activity/trip is to serve God and others, I commit myself (my child) to the following:

I fully agree and commit while on this activity/trip:

1. To behave always in a way that brings honor to Christ, the church, and my family. (Phil 1:27)
2. To follow instructions from adult supervisors without complaining or arguing. (Phil 2:14)
3. To be considerate of others and display appropriate manners at all times to all people. (1Pe. 2:13)
4. To adhere to the dress code.
5. To follow additional rules and instructions that may be specific to a certain trip or activity.
6. Not to possess, use or consume alcoholic beverage(s), any illegal substance(s), or tobacco in any form. If suspicion of any of these occurs, I (we) agree for an adult supervisor to search me personally, my room, my luggage and/or my personal belongings.

In order to support the purpose of this trip and to uphold the group goals, I (we) understand that the following consequences could result if I violate the above commitment:

1. I may be asked to go home, at parent's expense.
2. Parents agree to bear expense for child to go home

This commitment is intended for the greater good of the group as well as the individual, and is intended to be exercised by all concerned in the spirit of Christ.

THIS FORM MUST BE SIGNED BY BOTH PARENT/GUARDIAN AND TEEN.

Signature of Parent or Guardian: _____   Date: _____

Printed Name of Parent or Guardian: _____   Date: _____

Signature of Parent or Guardian: _____   Date: _____

Printed Name of Parent or Guardian: _____   Date: _____

Signature of Teen: _____   Date: _____

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____   Participant Birth date: _____

Street Address: _____   Primary Phone Number: _____

City, State & Zip: _____   Email or Text Number: _____

I give permission for my child (named above) to attend all supervised events, field trips, and service projects associated with the Mesquite Church of Christ except as noted:

I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Mesquite Church of Christ.

Medical Release

In the event of an emergency and I am unable to respond, I authorize the leaders or staff of the Mesquite Church of Christ, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical/dental treatment and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care, under the supervision and upon the advice of a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act, for my child. I understand that I am responsible for payment of treatment.

Custody Release

I further authorize the leaders of the Mesquite Church of Christ to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Photo Release

I also give permission to photograph and record (digitally and analog) my child and to use his/her image and sound prints in promotional materials for Mesquite Church of Christ.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)	Address:	Primary & Secondary Phone Number:

Other Emergency Contact(s)

Name(s)	Relationship to Participant:	Primary & Secondary Phone Number:

HEALTH CARE INFORMATION: Information provided on this form will be kept strictly confidential

Participant Name: _____

Physician:

Name: _____   Phone: _____

Medical Insurance Company: _____

Policy /Group Number: _____   Name of Policy Holder: _____

Dentist:

Name: _____   Phone: _____

Dental Insurance Company: _____

Policy /Group Number: _____   Name of Policy Holder: _____

Please list any allergies to drugs, foods, plants, insects, etc:

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in youth activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; mental health concerns, learning disabilities, any restrictions, etc.):