



STUDENT MINISTRY CONNECTION AND RELEASES

STUDENT MINISTRY CONNECTION FORM

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Names of Parents / Guardians: _____

Mailing Address(es): _____

Cell Phone: _____ Email: _____

Note: Communication about youth group events will often be done by email. Please list emails that you check on a regular basis.

Additional emergency contact: _____

Phone: _____ Relationship _____

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Student's Name: _____

Birthdate: _____ School: _____ School Grade: _____

Student Email Address: _____ Student Phone #: _____

Student's Name: _____

Birthdate: _____ School: _____ School Grade: _____

Student Email Address: _____ Student Phone #: _____

Student's Name: _____

Birthdate: _____ School: _____ School Grade: _____

Student Email Address: _____ Student Phone #: _____

Student's Name: _____

Birthdate: _____ School: _____ School Grade: _____

Student Email Address: _____ Student Phone #: _____

School Year: July 2022 - July 2023

PHOTO RELEASE:

Photos and videos from student ministry events are periodically published on social media and the church website.

Initial one:

_____ Yes—you can use pictures and videos of my child(ren). I hereby grant Redemption Church, Edmond, OK the permission to use my child’s likeness in photographs, video, and other media in any and all of its publications, including bulletin boards and website entries. I waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

_____ Opt Out—please do not print or publish photos or videos of my child online or in church-related publications.

GENERAL RELEASE FROM LIABILITY (to be signed by legal guardian):

“I/We hereby grant permission for my/our child _____ to be a member of the Student Ministry at Redemption Church, Edmond, OK, and to participate in activities arranged by the student ministry team in this regard from time to time.

“I/We hereby release from any liability Redemption Church, Edmond, OK, and all of its personnel, employees, adult leaders and representatives from any claims for unintended or unexpected accidents which might occur during participation in youth group events or traveling to or from said events. In granting this permission and release, I/we specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I/we specifically release and will hold harmless Redemption Church, Edmond, OK their officers, employees, agents and representatives from any and all liability which may arise as a result of such transportation whether or not organized by Redemption Church, Edmond, OK.”

**Please keep your student home if your student:

- Is sick or has a fever of 100.4° or higher
- Shows any symptoms of COVID-19
- Has been around anyone who has tested positive for COVID-19

Signature of Parent / Guardian

Date



**STUDENT MINISTRY CONNECTION
AND RELEASES**

STUDENT MINISTRY PARTICIPANT HEALTH FORM

School Year: July 2022 - July 2023

Participant's Name: _____ Birthdate: _____ Gender: _____

Participant's Name: _____ Birthdate: _____ Gender: _____

Participant's Name: _____ Birthdate: _____ Gender: _____

Participant's Name: _____ Birthdate: _____ Gender: _____

Doctor's Name _____

Phone _____

Health Insurance: _____ Policy or Plan # _____

Participant's Medical # (if applicable): _____

Name of Emergency Contact: _____

Phone _____

Relationship _____

Do any of these participants have:

Any physical, psychiatric, emotional or behavioral conditions of which the youth group advisor should be aware? (Please use the back of this form or additional pages if necessary)

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Allergies or special diet? _____

Allergies to drugs? _____ Date of most recent tetanus booster? _____

PARENT / GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. The person(s) herein described have my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Redemption Church, Edmond, OK, and Student Ministry adult leaders to take whatever steps they deem necessary to insure the well being of my child should a medical emergency occur during a student ministry meeting/activity. Every attempt will be made to contact the child's care-givers and/or emergency contact provided.

I, _____ do hereby authorize Redemption Church, Edmond, OK to take necessary emergency measures in the treatment of (participant): _____ if needed.

My child is in good physical health and does not have any conditions or disabilities that may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by Redemption Church, Edmond, OK, to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

Signature of Parent / Guardian

Date