Cheyenne Evangelical Free Church

Year\_\_\_\_\_\_\_\_\_

Electronic Communication with Minors

And Media Consent

Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: Please place a check mark in front of the statements that reflects your wishes concerning our Volunteer Ministry Workers and staff communicating electronically with your child/youth and consent for photos/videos of your child/youth participating in activities and events.

*\*Note all Volunteer Ministry Workers are currently approved under our Child Protection Policy.*

Thank you.

 1. I give my permission for Cheyenne Evangelical Free Church Volunteer Ministry Leaders and Staff to electronically communicate with my child/youth. Personal information obtained through electronic communication will not be disseminated or shared with anyone other than the Volunteer Ministry Workers and/or Staff.

 2. I DO NOT want any electronic communication taking place between my child/youth and the CEFC volunteers or staff.

\_\_\_\_\_\_\_ 3. I give my permission for CEFC to use photos, images and/or video that include my child/youth for use in materials that include, but not limited to, print (brochures, newsletters, etc.), children/youth ministry emails, videos and digital images for the church website.

 2. I DO NOT want photos or videos of my child/youth to be used for CEFC purposes.

**If you checked option 1 above, please complete this section.**

Preferred Method of Communication Time to Contact My Child

*(check all that apply) (check all that apply)*

* Email 🞏 Anytime
* Group me/Text / SMS 🞏 Before school
* Social Media 🞏 After school
* Phone 🞏 Not after 9 pm

Youth Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Ph # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Parent/ Guardian Signature \_\_\_\_\_\_\_\_ Date \_ \_

Thank You, The Elder Team

Cheyenne Evangelical Free Church

# Medical Release & Permission Form

**Medical Release & Permission Form**

**Please print in ink**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Year in school  Male  Female Email

Address City State Zip

Phone Pager / cell

Medical insurance company Policy #

Mother’s name Phone: Home Work

Father’s name Phone: Home Work

Emergency contact Phone: Home Work

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Please submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child’s safety and our knowledge, is your student a⎯

  good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies to⎯

  pollens  medications  food  insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

  asthma  epilepsy / seizure disorder  heart trouble  diabetes

  frequently upset stomach  physical handicap

4. Date of last tetanus shot:

5. Does your child wear  glasses  contact lenses

6. Please list and explain any major illnesses the child experienced during the last year, or any other medical specifics or concerns not addressed above:

 Additional comments:

Should this child’s activities be restricted for any reason? Please explain:

 Page 1 of 2

## For your information, we expect each student to conform the following rules of conduct:

 No possession or use of alcohol, drugs, or tobacco

 No students can drive

 No fighting, weapons, fireworks, lighters, or explosives

 No offensive or immodest clothing

 No boys in girls’ sleeping quarters and no girls in boys’ sleeping quarters

 No inappropriate contact with a member of the opposite or same gender

 Participation with the group is expected

 Respect property and standards of organizations that we are partnering with

 Respect one another, staff, and adult leaders

 Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents’ expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in activities through Cheyenne Evangelical Free Church. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, traveling to/from retreats, conferences, and events. *Note: If you desire to limit your child’s participation in any event, please submit your wishes in writing to the church Youth Pastor prior to that event.*

has my permission to attend all youth activities

 Name of Student

sponsored by **Cheyenne Evangelical Free Church** (hereinafter the Church”)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers and drivers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child’s involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_