

# Brandts Church

8003 Brandts Church Road, Saint Thomas, PA 17252

717-369-2652

www.brandtschurch.com

## ANNUAL YOUTH PERMISSION FORM Effective Dates: September 1, 2025 – August 31, 2026

Please print in ink

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age (as of 9/1/25) \_\_\_\_\_  
Last First Middle

Grade in School \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Email address (student) \_\_\_\_\_

Email address (parent/guardian) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone (student) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone-Home \_\_\_\_\_ Phone-Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone-Home \_\_\_\_\_ Phone-Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone-Home \_\_\_\_\_ Phone-Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

### 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 you child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medication, dosages, and frequency at which they must be taken.

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

1. For your child's safety and our knowledge, is your student a: (mark one)

Good swimmer Fair Swimmer Non-swimmer

2. Does your child have allergies to: (mark all that apply and provide additional information as necessary)

Pollens Medications Insect Bites Food Other

3. Does your child suffer from, or ever experienced, or is currently being treated for any of the following: (mark all that apply and provide additional information as necessary)

Asthma Epilepsy/Seizure disorder Heart problems Diabetes Frequent stomach upset Physical handicap

4. Date of his/her last tetanus shot: \_\_\_\_\_

5. Does your child wear: (mark all that apply) glasses contact lenses

6. Please list and explain any major illnesses the child experienced during the last 12 months.

7. Should your child's activities be restricted for any reason? (please explain)

8. What over-the-counter medications (Tylenol, Motrin, etc.) are okay to administer?

9. Please list any medications your child is currently taking

For your information, we expect each student to conform to these rules of conduct during all youth activities:

- No behavior that is unbecoming as determined by event leader(s)
- No possession or use of alcohol, drugs, or tobacco
- No students will drive vehicles during the activity (without written consent of the parent/guardian)
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing or dress
- No boys in the girls' sleeping quarters and no girls in the boys' sleeping quarters
- Participation with the group in all aspects of the event is expected
- Respect the property and privacy of others
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

*PLEASE NOTE: 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 your group activities. 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 activities, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, snow tubing, hiking, biking, concerts, Bible studies, golfing, hayrides, and transportation to and from church activities and all events sponsored by the Youth Leaders. Note: If you desire to limit your child's participation in any particular event, please submit your instructions in writing to the leader prior to that event.

**(Student name)** \_\_\_\_\_ has my permission to attend any and all youth activities sponsored by Brandts Church (hereinafter "Church") for the period of time indicated on the front of this form. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church, staff, volunteers, and drivers of any vehicle transporting named child on a supervised outing, of any liability against personal losses of the named child.

I/We, the undersigned, are the parents of and/or have legal custody of the student named above, a minor, and have given my/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 from any involvement. In the event that he/she is injured or becomes ill and requires the attention of emergency medical personnel or 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 I/we will ultimately be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Furthermore, I/we affirm that the health insurance information provided above is accurate as of 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 expense should they become ill or if deemed necessary by the youth leader or staff member.

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