

# Important Forms for Safety and Community in Youth Ministry

## Sample Medical/Permission Form for Youth Ministry Medical, Parent Permission, Driving Agreement, Media and Social Media

Here are some sample forms you can use to create forms for your ministry with youth:

- Youth Community Covenant
- Medical Information and Release Form
- Media Release Form
- Incident/Accident Report Form
- Youth Worker and Volunteer Background Screening Consent Form

**Sample Medical/Permission Form for Youth Ministry**  
**Medical, Parent Permission, Driving Agreement, Media and Social Media**

**Youth Community Covenant**

The Youth Community Covenant sets the guidelines for behavior expectation of the youth for the duration of youth trips and events. It is a covenantal agreement between the youth, youth leader, and parent/guardian of the youth.

**Youth Ministry Community Covenant**

Name \_\_\_\_\_

Event \_\_\_\_\_ Event Dates \_\_\_\_\_

When I attend a youth event sponsored by \_\_\_\_\_ Church, I am electing to enter its community. I will assist the leadership of this event in creating a safe, convivial, welcoming atmosphere free of any conduct that threatens physical, emotional, or sexual harm or abuse. To this end, I pledge to abide by the standards of behavior established by the church as set forth in this Community Covenant:

- I will remain together with the group and its youth leader at all times.
- I will notify an adult leader or the youth leader immediately in the event of any emergency or change in plans.
- I will follow all reasonable rules and regulations established by my youth leader and/or by \_\_\_\_\_ Church, and/or any convention center or hotel at which we are guests, including curfews.
- I will behave in a manner that respects the person and property of everyone with whom I come into contact. This includes avoiding hurtful language, physical violence, or physical or sexual contact which may be inappropriate or misunderstood.
- I will not possess/use illegal drugs at any time nor consume alcohol.
- I will not possess or use fireworks, firearms, or any other weapons (including concealed knives).

I have read this Community Covenant. I accept these standards as stated herein and I agree to be bound by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

As a parent/guardian, I give my permission for my child to attend this event. I have reviewed this Community Covenant and can attest that my son or daughter has read and signed this agreement.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information and Release Form

The medical form is one of the most important forms needed for a youth event. The medical form is for emergency safety and should be filled out and taken on all events. Make sure to get a copy of the youth's insurance form as well. The form also serves as a release to serve as the youth's guardian in the case of an emergency.

### Youth Ministry Medical Information and Release Form

#### Student Information

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

#### Parent/Guardian Information

Mother/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

#### Insurance Information

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Policy # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Group # \_\_\_\_\_

#### Doctor Information

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Emergency # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Provider ID # \_\_\_\_\_

**Medical Information**

**Special Health Conditions:** (circle all that apply)

ADD/ADHD    Diabetes    Convulsions/Seizures    Other: (specify) Asthma    Fainting    Heart Disease

**List Medications and Dose Information:**

**List Allergies:** (food, medicine, insect bites, etc.)

I hereby release \_\_\_\_\_, *its staff and volunteer leaders* of all liability related to injuries sustained by my son or daughter during this trip/event. I also grant permission for an adult leader to authorize any emergency medical treatment that may be needed for my child if he/she is injured or becomes ill while attending this trip/event. I realize that the health information described above will be kept in confidence. However, I give my permission for it to be shared with any adult in charge of a trip/event on a need to know basis as determined by the youth leader.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Media Release Form

Websites and social media have become a vital part of our everyday life and therefore it is important for the church to have a media/appearance release signed by all minors and their parent/guardians. Below is a sample Appearance Release allowing you to take pictures and put them on the church website or social media page.

### Appearance Release

For good and valuable consideration, receipt of which is hereby acknowledge, I \_\_\_\_\_ authorize \_\_\_\_\_ and their respective parents, affiliates, subsidiaries, licensees, successors and assigns to make use of my appearance for the church's website, Facebook page, and use on other social media.

I agree that you may tape and photograph me, and record my voice, conversation and sound, including any performance of any musical composition (s), during and in connection with my appearance and that you shall be the exclusive owner of the results and proceeds of such taping, photograph and recording with the right, throughout the world, an unlimited number of times in perpetually, to copyright, to use and to license others to use, in any manner, all or any portion thereof or of reproduction thereof in connection with the Program or otherwise. For purposes of clarity, I expressly waive any and all moral rights I may have in connection with my appearance.

I further agree that you may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, sale, publicizing and exploitation of \_\_\_\_\_ affiliated service, throughout the world in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party.

I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Names of minors in family: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I am parent (or guardian) of the minor who has signed this release and consent and I hereby agree that I (parent) and (youth/child) will be bound by the provisions contained herein.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Incident / Accident Report Form

Unfortunately accidents occur on youth events and trips. When they do, it is good to have an account of what exactly happened for future reference and report. This form is an Incident/Accident Report Form to be used in helping understand and resolve any incidents or accidents.

### Incident/Accident Report Form

Complete this form for any incident or accident that occurs over the course of a youth event, program, or trip. Please indicate whether or not the incident resulted in injury with as much detail and description as possible. Then turn in this report in a timely manner after the event.

Date and time of incident/accident \_\_\_\_\_

Name of Affected \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Name of Affected \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone \_\_\_\_\_

Witness \_\_\_\_\_ Phone \_\_\_\_\_

Place of Incident \_\_\_\_\_

Signature of person completing report \_\_\_\_\_

Description of incident: Please write down everything that happened in the incident, including where, when, and who was involved. Explain the action taken and by whom. Include quotations if possible.

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## Youth Worker and Volunteer Background Screening Consent Form

When choosing adult leaders to help out with the youth, it is important to have them fill out a Background Verification Check. This form verifies the adult is not a criminal or registered sex offender. While the church is a place of forgiveness and mercy, youth safety should always be at the utmost importance.

### Background Verification Check

The safety and security of youth and leaders is very important to the youth ministry of \_\_\_\_\_ Church. As such, it is our responsibility to youth, leaders, and their families to verify the background of every leader that goes on youth trips and becomes involved in the youth program. \_\_\_\_\_ Church requires adult leaders to fill out this form in order to determine if you should be an approved adult leader.

**Can you verify that you have never been convicted of or charged with a criminal offense?**     Yes     No  
(If no, please read and complete the form below.)

If you answered no and have been convicted of or charged with a criminal offense, the senior pastor must review your criminal history to determine if you should be an approved adult leader. If you have been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest to any such offense, please complete this section. If you have more than one conviction, please provide the requested information as to each conviction. Attach additional pages if necessary.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

County where convicted: \_\_\_\_\_

Court where convicted: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Exact crime of which you were convicted: \_\_\_\_\_

Are you currently on probation or parole?     Yes     No

I hereby acknowledge that the information provided in this Criminal History Report is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The Presbyterian Church (U.S.A.) / Office of Ministries with Youth recommends the Abuse Prevention company, Praesidium, Inc. Praesidium, Inc., offers simple tools for background screening, abuse prevention training, abuse prevention policy development. All national youth events sponsored by the Ministries with Youth Office – include abuse prevention screening and training for all adult leadership.