

SOUTH STUDENT MINISTRY PERMISSION FORM

For office use:	
received	update

I am aware that the potential for danger and injury exists whenever my student leaves home and therefore I testify that my student is in good physical condition and is able to participate in activities involving the other students at SOUTH CHURCH. Understanding the potential for risks, I nevertheless give my/our permission for

(Student's name)

to attend all outings, and if our student causes trouble or unnecessary problems, grant permission to those in charge to discipline accordingly.

**There may be an occasion when a teen will be sent home due to a disciplinary problem and in that case the parent will be notified to make the necessary arrangements, realizing that no refund of fees will be allowed.*

I agree not to hold South Church or any individuals connected with the operation of the facilities, or the host family of any Student Ministry activity responsible for any injury incurred due to participation in all these activities.

I/We, _____
(Parent's/Guardian's name)

grant permission to the church representative to have a doctor, if necessary, to administer medicine, treatment and/or anesthetic if our student becomes ill or is injured while at all outings. I/We also grant permission to South Church to use my/our child(ren)'s picture in promotional material and on the South Church website, www.southlife.org.**

Insurance Information

Name of Student attending Grade Birth Date Male/Female
(circle one)

Street Address City State Zip

Allergies (foods, drugs, etc.)

Medical concerns (sleep walking, seizures, etc.)

Medications (please list both daily medications and emergency medications – you are responsible for providing any needed medications and communicating this to the leaders)

Insurance Company Insurance Policy Number

Hospital Preference

Contact Information

Parent's Email Phone # where you can be reached

Emergency Contact Person Alternate's Phone #

If you would like leaders to contact your student directly:

Student's Email

Student's Phone #

I am ok with leaders/staff contacting my student directly through emailing or texting and I assume responsibility for monitoring those conversations.

Yes No

Please text me before contacting my child so that I can add you as a safe contact: _____
My cell #

Waiver of Liabilities

For our Student Ministry events students will be asked to perform a self-health screening before arriving at the building.

- **Symptom Screen:** Are you free from any new symptoms, including a dry cough unrelated to a chronic health condition, difficulty breathing or shortness of breath, diarrhea, chills or sore throat?
- **Contact Screen:** Have you avoided contact with anyone that has been diagnosed with COVID-19 identified by a positive test result?
- **Temperature Check:** Do you have a temperature below 100.4F?
- **Waiver of Liability:** Have you read and agreed with the waiver stated below?

Students and their households who can answer "yes" to these questions are welcome to attend the Student Ministry Events.

Waiver of Liability: *Students attending our events should be fully aware that Covid-19 is highly contagious and is known to spread mainly from person to person contact. By attending South Church you agree to abide by the procedures established by the church to protect worshipers and staff, and you voluntarily assume the risk that you and/or your family may be exposed to or infected by Covid-19 either at the church or in the worship services. You agree to assume all risks of attendance and participation for you and your family, and you waive any liability against the church and any other parties.*

My student will abide by the instructions for gathering together.

Yes

**If you do not grant permission to South Church to use your child(ren)'s photo in promotional material or on the South Church website, please call the church (517) 322-2000 to add your child(ren) to the Do Not Post list.

Signature

Signature of Parent or Guardian

Today's Date