

Parental Consent & Release Forms

Consent for participation in SEYM Youth Program Events

Instructions:

1. This form is to be completed and signed by a child's Parent or Legal Guardian.
2. Please read the entire form. If there is anything about this form, the SEYM Youth Program, or the activities that you do not understand, please contact a Youth Program Coordinator for the event. Do not sign the form until you are satisfied that you understand the Program your child will be participating in.
3. Fill in the blanks and check the boxes that apply to your child's participation in the SEYM Youth Program.
4. Sign and date the form.
5. If you have more than one child, complete a form for EACH child.

I, _____, **the parent or guardian of**

(Print parent/guardian first & last names)

_____, **a minor,**

(Print child's first & last names)

give consent to my child participating in the following SEYM Youth Programs:

- Yearly Meeting Gathering
 - Wee Friends Young Friends Junior Friends Teen Friends
- Fall Interim Business Meeting Youth Program
- Half Yearly Meeting Youth Program
- Winter Interim Business Meeting Youth Program
- Other _____

Please check that you understand these requirements of the SEYM Youth Program:

- My child and I are required to read, fill out, and sign the Rules Form. I understand it is my responsibility to meet with my youth's designated SEYM Youth Workers to answer any questions about the Rules and the SEYM Youth Program.
- My child and I understand that my child is under the care of designated SEYM Youth Workers during scheduled Youth Program Sessions. Other adult volunteers may be visiting the program to lead activities or provide teaching presentations.
- My child and I understand that during Intergenerational Activities, and during times that are not scheduled Youth Program Sessions, my child is under my care or the care of his/her/their Sponsor. I understand that I, or the Sponsor, may arrange to share our child-care responsibilities with other parents or adults at our own discretion.
- I understand that I am responsible for my child's behavior and whereabouts at any time she or he is not under the care of Designated SEYM Youth Workers.

I acknowledge that I have been fully informed as to the nature of the activities and the provisions for my child's participation in the SEYM Youth Program. In consideration of the consent I have given for my child to participate in the SEYM Youth Program, I release and hold harmless Southeastern Yearly Meeting of the Religious Society of Friends, its agents, employees, and officers from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

Parent/Guardian signature: _____ date _____

Address: _____

Mobile phone: _____ e-mail address: _____

Medical Authorization

1. INFORMATION

Child's first & last names: _____ age: _____ D.O.B.: _____

Parent(s)/guardian names: _____

Address: _____

Mobile Phone: _____ Home phone: _____ e-mail: _____

Sponsor's name (if child not attending with parent): _____

Sponsor's mobile phone: _____ e-mail: _____

Child's doctor's name: _____ phone _____

Insurance company & policy number _____

2. MEDICAL INFORMATION

Check boxes that apply to your child and provide detailed information.

Medical conditions: _____

Current Medications : _____

My child **may not** go on a field trip without parent/guardian present to administer medications.

I name & authorize a responsible adult to administer medications in **Section 3 below**.

Allergies, please specify: _____

My child has an EpiPen or other medication to be given in the event of an **allergic reaction**.

My child has a Doctor's order to self-administer EpiPen or other allergy medication

My child **may not** go on a field trip without parent/guardian present to administer the EpiPen or his/her allergy medication

I name & authorize a responsible adult(s) to assist my child in administering the EpiPen in event of allergic reaction in **Section 3 below**.

3. AUTHORIZATION TO GIVE MEDICATIONS: If minor will/may need EpiPen or other medication, you must complete this section.

I, _____, as the parent or sponsor or guardian of _____, a minor,

authorize _____ (responsible adult)

and/or _____ (responsible adult)

to assume care and responsibility for carrying and administering medication to my child while on this SEYM Youth Program sponsored activity. In the event that medication is needed, i.e., EpiPen, inhaler, or other prescription medications, the above listed responsible adult has my permission to dispense medication as directed.

Medication & Instructions: _____

Parent/Guardian Signature _____ Date _____

Signature of Adult Assuming Responsibility _____ Date _____

Signature of Adult Assuming Responsibility _____ Date _____

4. AUTHORIZATION for MEDICAL CARE

I give permission for my child, _____, to receive appropriate medical care at Southeastern Yearly Meeting events and at health care facilities. I understand I will be contacted as soon as possible should such care be necessary.

You have my permission to assist / supervise my child in taking the medications listed above as directed and authorized. I understand that a SEYM Youth Worker or other responsible adult designated by me, the parent, will carry and administer my child's medication as authorized and directed above.

In case of medical emergency, in the event I cannot be reached, I authorize SEYM, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist or surgeon.

Parent's name printed: _____ date: _____

Parent's signature: _____

Parent's phone numbers:

Home: _____ Cell: _____ Work: _____

Other emergency contacts:

Name, phone: _____

Name, phone: _____

Media Release & Communication Release

MEDIA RELEASE

Youth Name: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Youth named above by Southeastern Yearly Meeting. I also grant to Southeastern Yearly Meeting the right to edit, use, and reuse said products for non- profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Southeastern Yearly Meeting and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian E-mail Address: _____ phone: _____

METHOD OF COMMUNICATION RELEASE

During the year your child is a member of the Southeastern Yearly Meeting youth program we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Child Abuse Protection (CAP) policies within SEYM, we are now seeking your permission for these items:

Yes, I give _____ (my youth) permission to communicate with the Certified SEYM Youth Workers through the use of his/her: (please check all that apply)

Email _____

Facebook _____

Instant Messaging _____

Home phone _____

Cell phone _____

Text message _____

Postal mail _____

No, I do not give _____ (youth) permission to communicate with the Certified SEYM Youth Workers through the use of his/her (please check all that apply)

Email

Facebook

Instant Messaging

Home phone

Cell phone

Text message

Postal mail

I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. E-mail: _____

Signature of Parent/Guardian: _____ Date: _____

SEYM Rules Form

Parents/Guardians: Please Read, Check Off, and Sign

SEYM Rules

- 1. Sponsors—all youth under age 18 and/or in high school (including dual enrollment programs) must attend with a parent, guardian, or a designated adult sponsor the entire time at the camp.
- 2. All youth under age 18 need a parent/guardian signed Consent Form, Medical & Media Release and this Rules Sheet [insurance requirement] in order to register and be on campus.
- 3. When youth program is not in session, all youth under age 18 and/or in high school (including dual enrollment programs) are to be supervised by their parents, sponsors or parent/sponsor arranged adult f/Friend: 1 adult can supervise up to 8 youth.
- 4. No video or electronic games are allowed in youth program sessions. Cell phones must be turned off during program sessions.

Warren Willis United Methodist Camp and Conference Center, f/k/a Life Enrichment Center, Rules:

- 5. The labyrinth and chapel are for contemplation and are off limits to unsupervised children.
- 6. No skate boards, in-line skates, or scooters are permitted on campus. Youth must wear bike helmet when biking.
- 7. Alcoholic beverages and recreational drugs are prohibited for adults and children.
- 8. Pets are allowed in the camping area, on a leash.
- 9. Quiet time from 11:00 P.M. to 7:00 A.M.
- 10. Cleanup—we are responsible for our own cleanup.

Parent's signature _____ **Date** _____

Child's signature _____ **Date** _____

Child's signature _____ **Date** _____

Child's signature _____ **Date** _____

Child's signature _____ **Date** _____