



Youth Ministry CRIME Forms

(Covenant, Release, Information, Medical, Emergency)

Information

Participant Name: _____ Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ School/Grade: _____
Participant Email: _____ Participant Cell: _____
Caregiver #1 Name: _____ C#1 Cell: _____
Caregiver #2 Name: _____ C#2 Cell: _____
C#1 Email: _____ C#2 Email: _____

Emergency

Emergency Contact: _____ Emer. Phone: _____
Family Physician: _____ Office Phone: _____
Med. Insurance Company: _____ Insurance Phone: _____
Group #: _____ Policy #: _____

Medical History

Allergies & Reactions: _____

Medication & Instructions: _____

Medical Restrictions: _____

Additional Physical/Emotional/Dietary Concerns: _____

Please cross out any medications that should **NOT** be given to the participant (your child).

- Acetaminophen (Tylenol)
- Diphenhydramine antihistamine (Benadryl)
- Guaifenesin cough syrup (Robitussin)
- Sore throat spray (Chloraceptic)
- Antibiotic cream
- Calamine lotion
- Laxatives for constipation (Ex-Lax)
- Tums/Milk of Magnesia/Immodium
- Ibuprofen (Advil, Motrin)
- Pseudoephedrine decongestant (Sudafed)
- Dextromethorphan cough syrup (Robitussin DM)
- Generic cough drops
- Benadryl cream
- Cortaid
- Bismuth subsalicylate (Kaopectate, Pepto-Bismol)
- Latex bandages

Any other over-the-counter medicines **NOT** to give:



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Release of Permission & Liability

- I understand that safety is of utmost concern to Providence Presbyterian Church and its Youth Ministry staff and advisors. I also understand that perfect safety cannot be assured in our world or at ministry events.
- I give permission to for my child (or myself) to participate in all activities, retreats and events of the Providence Youth Ministry. I acknowledge further that s/he (or myself, as an adult participant) is in good health, under no activity restrictions that are not discussed above.
- I give permission for her/him (and myself) to travel to and from ministry events with Providence staff and advisors.
- Providence Presbyterian Church may use photos of my child at ministry events for church purposes.
- I agree to hold harmless Providence Presbyterian Church, its staff and advisors, from any and all liability for injury, damage or loss of life from participating in ministry events.
- In the event of sickness or injury at ministry events, I give permission to Providence staff and advisors to offer necessary medical attention for my child, whether that be band aids or CPR. In the event of a medical emergency needing hospital attention, I authorize the doctor to perform any treatment and emergency procedures, in consultation with the Providence staff and advisors.
- I understand that a child's behavior can significantly disrupt ministry events, and that staff and advisors may need to minister to the behavioral issues of my child. If my child's behavior at a ministry event is unacceptable, I assume responsibility for returning them home immediately.
- Should there be any change of family, emergency or medical information, I promise to update Providence Presbyterian Church.

Adult/Caregiver: _____

Date: _____

Covenant

- As part of a caring community, I will include and support all people in Providence Presbyterian Youth Ministries.
- I will participate in positive ways, challenging myself individually, rejoicing in group success, and comforting others in our mutual weaknesses.
- I will not behave in any way that disrespects or threatens the value, spirit or peace of myself, others or the group. I will not use violence, coarse language or cruelty.
- I will follow directions and not break the rules established by the leaders.
- I will strive to grow in my relationship with God.

Participant: _____

Date: _____

- I will plan physically and emotionally safe activities, engage in safe practices (in ministry and travel), and prepare advisors to serve safely.
- I will do everything in my power to support, minister to and love the young people of this church.
- I will strive to grow in my relationship with God.

Youth Pastor: _____

Date: _____