
ST. MARK'S LUTHERAN CHURCH- MOORESVILLE, NC

YOUTH CONSENT, HEALTH, & COMPLIANCE FORM

For the youth to participate in our programs all sections must be filled out fully and honestly. Each youth must have their own completed consent form to participate in congregational programs.

YOUTH INFORMATION:

Full Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Birthdate: _____ Age: _____

Cellphone: _____

Email: _____

PARENT/GUARDIAN INFORMATION:

1st Name: _____ Address: _____

Phone: _____ Cell: _____ Relationship: _____

2nd Name: _____ Address: _____

Phone: _____ Cell: _____ Relationship: _____

Can your youth be transported by an authorized chaperone (following safe gatherings protocols)?

_____yes _____no

MEDICAL INFORMATION:

Insurance: _____ Policy Information: _____

Family Doctor: _____ Phone Number: _____

Medical Conditions (examples: asthma, [allergies be specific i/e nuts, gluten, etc], epilepsy):

Medication needed: (Emergency form included)

Anything else we need to know?

Do we have permission to use medication provided (inhaler, epi-pen, ibuprofen or Tylenol) if youth should need it? ____yes ____no

PUBLICATION/DIGITAL CONSENT:

Sometimes, we take photos and videos at youth events, retreats etc. Some of these may be used by the church (compliant with congregational guidelines) to display at future or events, online services, church newsletter, church news, and other publications.

May we display photos and video of you at church? ____ Yes ____ No

May we post videos or photos online of youth? ____ Yes ____ No

I give consent for my youth to be recorded on Zoom, understanding that we will not post zoom unless consent is given for a worship service, event or church media? (Best practice for gathering digitally with youth)

____ yes ____ no

Other information: (Any information you wish to include that would help us, medications, pick-ups or extra contacts):

COVID-19 WAIVER:

My youth will follow all healthy church protocols (mask, small groups, etc.)?

____ Yes ____ No

You understand that you attend youth ministry activities understanding the risk of congregating in any form?

____ Yes ____ No

COMPLIANCE AGREEMENT:

This next section (which continues onto the following page) needs to be completed and signed by a parent/guardian. Please go over this form with your youth.

I, _____, affirm that all answers given are true to my best knowledge.

I understand that my youth has discussed which groups they will normally be involved in and accept that St. Mark's Lutheran Church can only take responsibility for the youth while they are at youth event. I give my permission for them to attend these groups. I confirm that I have read over all sections of this form and filled this out in the entirety.

Understanding that every reasonable precaution will be taken to ensure the wellbeing and safety of my son/daughter during events and activities at St. Mark's Lutheran Church, should a medical emergency or accident arise, I accept that every effort will be made to contact me, or the emergency contact named above in the form. Should they not be available, I will give my permission for leaders of these activities to authorize necessary emergency treatment from medical professionals.

I understand that with each activity, there is risk involved. In consideration of this, I specifically release and hold harmless, St. Mark's Evangelical Lutheran Church, its teachers, staff and volunteers from any and all liability claims, present and future, known and unknown for any personal injury, illness or property loss that I/my child may sustain as a result of, and while participating in, children's/youth activities.

We agree to follow the youth covenant established on 1/01/21.

This form is good for a year from date. Should changes arise, parents/guardians need to resubmit with new information.

Parent Name

Date