2025-26 Youth Ministry Covenant & Medical Form

Please print in ink.

Name _____ Age ____ Birthdate_____
LAST FIRST MIDDLE

Grade in School _____ Pronouns_____ T-shirt size _____ Youth Email _____

Address _____ Youth Cell _____

Medical Insurance Co _____ Policy No. _____

Adult 1 Name _____ Cell Phone _____

Adult 2 Name _____ Cell Phone _____

Emergency Contact _____ Cell Phone _____
(SOMEONE OTHER THAN ADULTS 1 AND 2)

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

MEDICAL INFORMATION

All are welcome at First Presbyterian Church. Does your child have any special needs we should know about to provide the safest and most comfortable environment possible? (asthma, diabetes, epilepsy, frequently upset stomach, anxiety, ADHD, etc.) If so, please share here. If necessary, add another page with details.

Review the following areas of concern for your youth.

1. Is your child a:
   - ☐ good swimmer
   - ☐ fair swimmer
   - ☐ non-swimmer

2. Does your child have any allergies? (pollen, medications, food, insects, etc)Please share them & the allergy action plan:

3. Is your child on any current or regular medication? Please share medication name, timing, and dosage:

4. Does your child wear: ☐ glasses ☐ contacts

5. Is your child on any regular medication? If yes, please list below

YOUTH MINISTRY COVENANT

I have willingly chosen to participate in First Presbyterian Church of Raleigh's Youth Ministry. As a participant, I will work towards the goals of FPC Youth Ministry and building our group into a Christian community by:

- Participating wholeheartedly and enthusiastically in all activities planned for our group.
- Speaking up when I have a need, problem, or concern.
- Listening and responding to the needs of others.
- Respectfully following the guidance of adult leadership and treating them respectfully.
- Respecting others' property, rights, and abiding by the house rules.
- NOT having any controlled substances (alcohol, illegal drugs, prescription drugs not meant for me, tobacco products, vapes) or promoting the use of these substances in our community.
- NOT leaving the event grounds without an adult present if I am a youth participant.

I understand that if I abide by this covenant and work towards a healthy community that we will all benefit. I also understand that if I do not abide by this covenant or break rules expressed by the adults responsible for my care, that I may be sent home at the expense of my family and I may be excluded from future events.

Youth Signature _____ Date_____

Parent/Guardian Signature _____ Date_____

PARENT/GUARDIAN PERMISSION RELEASE

_____ has my permission to attend all activities
NAME OF CHILD/YOUTH
sponsored by First Presbyterian Church of Raleigh, NC.

I, the undersigned have legal custody of the child named above, and give permission for my child to participate in events and activities organized by First Presbyterian Church of Raleigh, NC. I am aware of and approve of the planned costs, dates, places, and activities. I understand that there are inherent risks involved in any ministry event, and I hereby release First Presbyterian Church of Raleigh, NC, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. I give my permission and will accept financial responsibility for my child to be examined and treated by a qualified physician in case of emergency. In the event that treatment is required from a physician and/or hospital personnel designated by First Presbyterian Church, I agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge. I understand that I will be contacted as soon as possible concerning any medical or behavioral issue with my child. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the ministry staff person.

Parent/Guardian Signature _____ Date _____

Photographs taken during First Presbyterian Church activities may be used in future electronic and print media. If you would prefer NOT to have your child's photo used in this manner, please notify the church in writing.