

Brunswick Church Youth Ministry Permission and Code of Conduct

Event: _____

Date: _____

MEDICAL RELEASE/CODE OF CONDUCT

Participants Name _____

Parent(s) / Guardian Name(s) _____

Telephone Number _____

CODE OF CONDUCT

1. I will not smoke, drink alcoholic beverages, or use illegal substances nor will I have in my possession any of the same during this activity.
2. I will cooperate with the scheduled program of activities.
3. I will show respect to myself and others at all time.
4. I will not engage in any inappropriate public display of affection.
5. I will not engage in any sexual activities.
6. I understand that if I do not adhere to this code of conduct, it may result in a warning, calling home, and or expulsion from the event. I understand this means my parent/guardian will be called and they will be required to provide transportation home for me from the event at that time.

Signature of Participant _____ Date _____

Two other people to call in case of an emergency

Name	Number	Relationship
_____	_____	_____
_____	_____	_____

Please explain any restrictions or limitations affecting participation in the activity.

Be specific _____

Any allergies? _____ Be specific _____

Is any special medication required? If yes, please explain _____

AUTHORIZATION: Permission is granted for treatment of minor injury or illness. In event of an emergency and I cannot be reached, I hereby give permission for the adult in charge to seek professional medical help and transport my child.

Health Insurance Company _____ Policy # _____

I have read the above information regarding the medical release and code of conduct and I understand if my child is expelled from the event that I am required to provide transportation home at that time.

Signature of Parent/Guardian _____ Date _____