

**FIRST UNITARIAN UNIVERSALIST CHURCH OF DETROIT
PROGRAMS FOR CHILDREN, YOUTH & FAMILIES**

Parent Permission for Church Sponsored Activity
And Consent to Medical Treatment

Please complete both top and bottom of form

(Name of child) _____ has the opportunity to participate in activities as a part of the Bridges Youth Program and/or the School Aged church program. These activities could include being driven in a private vehicle by a church member or staff person. This activity could involve sports or other physical activities.

I understand that my son/daughter will be participating and that he/she is expected to abide by all church regulations during the course of the activity. If my child does not exhibit proper behavior, they may be asked to leave the activity and/or I may be asked to pick them up.

I hereby give my permission for him/her to participate in the Bridges Youth Program and/or the School Aged church Program and related activities. I give permission for my child to be driven to/from activities and to/from the church and my residence or the child's school by church staff or adult leaders.

I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to First Unitarian Universalist Church of Detroit.

Date: _____ Signature of Parent/Guardian _____

IMPORTANT MEDICAL INFORMATION THE YOUTH LEADERS SHOULD KNOW:

EMERGENCY TELEPHONE NUMBERS: _____

THIS FORM SHOULD BE KEPT BY THE CHAPERONE DURING THE ACTIVITY
(Please complete the form below)

AUTHORIZATION TO TREAT A MINOR

I (We), the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State government. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: _____ Signature of _____
Father and/or Mother, or Guardian

Allergies to Drugs or Foods _____

Date of last Tetanus Booster _____

PLEASE COMPLETE BOTH TOP AND BOTTOM OF FORM

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Youth Contract

The following guidelines are intended to promote fairness and safety for all persons. This form needs to be completed by the youth and their caregiver EVERY year.

1. **THE BIG FOUR-** . NO illegal drugs; NO alcohol; NO sexual behavior; NO violence
2. All persons will participate in planned activities as a group rather than as individuals.
3. All persons will behave with respect, concern, goodwill and consideration towards one another as befits a church sponsored organization.
4. Each youth will respect the adult sponsors and chaperones and will obey directions and guidance provided by them.
5. We recognize our responsibility to leave our church, hotel rooms, campground and other facilities in the same condition as we find them.
6. We will use good judgment with respect to safety and use of facilities.
7. Each student will be responsible for her/his own spending money and will not expect to borrow money from either chaperones or other students.

In the event that I fail to abide by these agreed upon rules, I understand that I will be unable to participate in the activities and transportation home will be arranged at the expense of my parent/guardian.

I have read the above rules. I understand them and agree to abide by them.

Youth's Name (Printed): _____

Youth's Signature: _____ Date: _____

Parent's Name (Printed): _____

Parent's Signature: _____ Date: _____