

FLINT RIVER PRESBYTERY YOUTH COVENANT

I WILL remain uninfluenced by alcohol, tobacco or other harmful substances.

I WILL observe all restrictions regarding the area reserved for the opposite gender.

I WILL leave all weapons at home or with the director.

I WILL not operate my vehicle during Presbytery youth events without adult leadership permission.

I WILL remain on the grounds during the event.

I WILL observe all schedules and curfews and be on time.

I WILL immediately report any injury or need for medical attention to a responsible adult.

I WILL respect and build up other participants attending the event.

I WILL observe all rules of the retreat center, church or resident hosting the event.

This Youth Covenant was written by the Presbytery Youth Council in order for all to live together safely in Christian Fellowship at Presbytery Youth events.

By signing this Youth Covenant, you agree to uphold the Covenant and to set an example of Christian leadership for other youth to follow. According to Section XXI of the Youth Council Operating Guidelines, breaking one of the first five parts of this Covenant will result in a Youth Council members being sent home from an event and being placed on probation for the next two events.

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I have read, understand, and agree to abide by this covenant while in attendance of any Flint River Presbytery Youth event. I understand that my behavior is the result of my choices. If I choose not to obey these rules, I have thereby chosen to accept the consequences of my actions.

My youth has permission to ride with the following adults/youth to and from Presbytery events or to ride on transportation provided by the Flint River Presbytery. Written permission must be submitted to add any other drivers to this list. \_\_\_\_\_

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

***This form will be placed on file and will be valid for all events hosted by the Flint River Presbytery through December 2019.***

**FLINT RIVER PRESBYTERY  
MEDICAL RELEASE FORM**

Youth's name: \_\_\_\_\_

Circle one: Male Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade for school year 2018/2019 \_\_\_\_\_

Parent'(s) name(s): \_\_\_\_\_

Guardian(s) name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Emergency Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

I/We hereby give my/our permission for my/our child \_\_\_\_\_ to attend Flint River Presbytery activities and opportunities for the 2018-2019 school calendar year. I/We understand that there will be adult supervision at these events. I/We also understand that if there are any disciplinary problems with the above named youth, it will be our responsibility to pick up our child at the site of the event or arrange for transportation home.

**AUTHORIZATION TO CONSENT TO TREATMENT**

I/We, the undersigned, parent(s)/Guardian(s) of the child named above on this consent form, do hereby authorize Flint River Presbytery, it's staff, our representatives, as agent(s) for the undersigned to consent to a X-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care that is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of any Hospital or medical clinic whether such diagnosis or treatment is rendered at the office of said physician or said hospitable. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospitable care which the aforementioned physician in the exercise of his/her best judgment deem advisable. This authorization shall remain effective until December 31, 2019 unless sooner revoked in writing delivered to said agent(s).

**HEALTH HISTORY**

To protect your child from possible embarrassment and to better insure his/her safety, but not to exclude him/her from the program, the following information is requested. Place a check to each appropriate item and give approximate dates if possible:

|                                                      |                                        |                                               |                                        |
|------------------------------------------------------|----------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Frequent Ear Infections     | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Heart Defect/disease | <input type="checkbox"/> Convulsions   |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Bed Wetting          | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Hay Fever                   | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin           |                                        |

Other Drugs (List): \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_. It is recommended this be updated. Do you know any health factor that makes it advisable for your child to follow a limited program of physical activity? Yes No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Please give us the name and phone number of your child's regular physician:

Physician: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

In the event of a minor illness (such as a cold or headache), do you authorize the Leadership of Flint River Presbytery to give your child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age? \_\_\_Yes \_\_\_No Please attach a separate page with any specific instructions

Please list any medications that your child will need to be taking on any camps or overnight youth events.

| Medication | Dosage | When taken |
|------------|--------|------------|
|            |        |            |
|            |        |            |
|            |        |            |
|            |        |            |
|            |        |            |

**INSURANCE INFORMATION**

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

By my signature I agree to the conditions of this release and have to the best of my knowledge given current and correct information regarding my child's current health.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PHOTO RELEASE**

I, the undersigned, do hereby grant to Flint River Presbytery its employees, officers, agents, representatives, trustees and assigns my permission to record my photographic image (by film and/or video), and comments (by tape and/or transcription), together with the right to use, publish, copyright and reproduce in whole or in part any such photographic images and comments as described above for use in promotional materials, whether the use of above materials be for public relations, recruitment, development, or any other legitimate purpose of Flint River Presbytery. I hereby waive any right that I may have to inspect or approve any such photographic images and comments or completed products which incorporate all or part of any such photographic images and comments. I hereby voluntarily release and hold harmless Flint River Presbytery from any and all liability arising out of or in any way related to the use of such photographic images and comments, including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

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Signature of Parent/Guardian

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Date