



Lifeway Youth Special Events Covenant Form 2023-2024

Student Information

Name: _____ Preferred name: _____ Age: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____
 Birthday: _____ Gender: _____ Grade: _____ School: _____
 T-shirt Size: YS YM YL S M L XL 2X 3X
 Parent/Guardian Name: _____ Phone: (____) _____ Emergency Contact? _____
 Parent/Guardian Name: _____ Phone: (____) _____ Emergency Contact? _____
 Emergency Contact if different from Parent/Guardian: _____ Phone: (____) _____ Relationship: _____
 Name of Physician: _____ Phone: (____) _____

Insurance Information

Carrier or Plan Name: _____ Group #: _____
 Carrier's address: _____ Name of insured: _____
 Relationship to Student: _____ Insurance I.D. #: _____

Health Information

Allergies: List all known allergies including those involving medication, food, insects, asthma, hay fever and other allergies. Describe reaction and management of reaction.

Allergy	Reaction and Management
_____	_____
_____	_____

Medication: Please list ALL medications, including over the counter or non-prescription drugs, taken routinely. Please bring emergency medications (inhaler, Epi pen, etc) to all youth activities, and bring routine medications as needed. **Keep medication in the original packaging/bottle that clearly identifies the prescribing physician (if a prescribed drug), the name of the medication, the dosage and frequency of administration.** Upon arrival for overnight events, all medications must be checked in with the adult leaders.

<input type="radio"/> No medications taken on a routine basis. <input type="radio"/> Medications taken as follows. Attach additional pages, if necessary. Med #1: _____ Dosage: _____ Specific times taken each day: _____ Med #1: _____ Dosage: _____ Specific times taken each day: _____ Med #1: _____ Dosage: _____ Specific times taken each day: _____

Health History (circle all that apply):

Epilepsy or seizures Frequent ear infections Menstrual problems Asthma Frequent sore throats
 Headaches Bed-wetting Heart Disease Back pain or strain Alcohol/drug addiction ADD/ADHD Diabetes



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Vaccination History

Is the student up to date with vaccinations? _____

Special Needs/Restrictions

Explain any restrictions for foreseen activities (including necessary adaptations and limitations) and provide any additional information that will enable us to create a healthy, helpful environment for the student. Please include: recent injuries or illnesses, medical conditions requiring treatment (i.e. surgery, overnight hospital stays, ongoing conditions, etc), behavioral/learning challenges and suggested disciplines, emotional needs/concerns, hearing or visual impairments, bedtime habits or any special routines.

Please list any dietary restrictions: _____

Lifeway Youth Covenant

As a participant in 2023-2024 Lifeway Youth activities, I, the undersigned, will cooperate with the leaders of Lifeway Youth and strive to stay involved in group activities. I will not bring or use any type of weapon(s), alcohol, tobacco, or drugs (except for prescribed medical purposes) on church grounds, or at/during church/youth sanctioned activities off-site. *This includes vaping.* I will strive to behave in a way that represents Christ. **I understand that I cannot leave a youth activity early without prior communication with Lifeway Youth leaders and written parental/guardian permission.** I understand that if I violate any of these covenant standards, I may be subjected to disciplinary action, including, but not limited to: Having my phone taken for the remainder of night/event, contacting my parental/guardian figures, and/or being prohibited from attending Wednesday nights or other special events.

Signature of Student _____ Date: _____

Parent/Guardian Authorization

Medical Release

I, the undersigned parent/guardian, give permission for the above named to participate in church-sponsored youth events during the 2023-2024 school year and adjacent summers. I recognize and acknowledge that youth activities can involve certain hazards including, but not limited to, illness, injury, and accidents, and release Lifeway Wesleyan Church from liability. I hereby certify that the information above is correct. IN CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify me and/or the emergency contact above. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to contact my physician, or another physician if the above named medical professional is unavailable. I grant permission to that physician to hospitalize, order injections, administer amnesia, perform surgery, or seek other emergency medical treatment, including ordering x-rays or routine tests, for the participant named above. I hereby give permission to the designated medical provider to offer routine healthcare and administer all medications, including non-prescription (over-the-counter) drugs. The following health history is correct and complete to the best of my knowledge. I agree to the release of any records necessary for insurance purposes. This completed form may be photocopied for trips off church property.

Photo Release

I, the undersigned parent/guardian, understand that while participating in church-affiliated events, photographs and videos may be taken of me and/or my child. By signing below, I am acknowledging this and agreeing to allow Lifeway Wesleyan Church to use these photos/videos for display and promotion.

Transportation Release

I, the undersigned parent/guardian, give permission for the above named to be transported to and from the scheduled off-site youth events in the 2023-2024 school year and adjacent summers, by a driver approved by Lifeway Wesleyan Church. I understand that one-on-one driving situations will only be permitted with prior written and/or verbal permission, specific to the given event.

By signing below, I acknowledge and accept the above Medical Release, Photo Release, and Transportation Release.

Signature of Parent/Guardian _____ Date: _____

After completing this form, please return a physical copy to Pastor Brad. Alternatively, you can email it to him or the church office. If you have any questions, you can reach Pastor Brad at (231) 878-6636 or email at brad.holmes5281@gmail.com