

**FIRST COVENANT CHURCH**  
4000 Redwood Road, Oakland, CA 94619 (510) 531-5244  
**EVENT PERMISSION FORM and MEDICAL / LIABILITY RELEASE**

Student Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternate parent/guardian (emergency contact):  
\_\_\_\_\_ Phone \_\_\_\_\_

F.C.C.GROUP: **Junior High, High School or College Ministry**  
DESTINATION/ACTIVITY: **All events sponsored by First Covenant Church**  
DATE OF ACTIVITY: **September 1, 2018 - August 31, 2019**  
MODE OF TRANSPORTATION: **Cars, vans, trains, planes, boats or buses**  
TRIP SUPERVISORS: **FCC Pastoral Staff OR Leadership Team**

Medical Insurance Plan \_\_\_\_\_ Medical # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dental Insurance Plan \_\_\_\_\_ Dental # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

My child is allergic to the following medications:

My child has the following medical conditions/needs:

**MEDICAL / LIABILITY RELEASE**

I, the undersigned parent/legal guardian, do hereby authorize First Covenant Church and its trip supervisors to act as my agent to obtain any urgent medical or dental diagnosis, treatment and hospital care for the above minor. Such care is to be rendered under the supervision of a duly licensed physician (M.D.) or dentist (D.D.S.) and may be performed in a medical office, hospital, church camp or elsewhere. Furthermore, I do release said church and staff from any claim for liability (excepting gross negligence or intentional injury) arising from the above stated activity. This authorization will remain in effect while the above minor is traveling to or from the above activity unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**EVENT PERMISSION SLIP and MEDICAL / LIABILITY RELEASE**

**CODE OF CONDUCT:** *We expect all students to comply while participating in events*

- No students can drive without parental permission and staff approval
- No possession OR use of alcohol, drugs, or tobacco
- No weapons, fireworks, lighters, or explosives
- No offensive, immodest clothing, or bikinis
- No sexual activity, sexual harassment or sexually explicit media
- No hateful speech, racism, fighting, slander or bullying
- No male in female sleeping quarters and no female in male sleeping quarters
- Respect one another, staff, adult leaders and all personal/public property
- Respect, Participate and Comply with group event schedules and regulations

***Students who fail to comply with these expectations  
may be sent home at their parents' expense.***

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FORM**

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
(Name of Student )  
sponsored by First Covenant Church (hereinafter the "Church").

I give consent to the use of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which my student appears. I understand that these materials are being used for promotion of First Covenant Church youth ministry. Such promotional activities extend to recruitment, advocacy, fundraising, ect. Pictures may appear on the Church website. I release the staff and volunteers from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities.

To the best of my knowledge, the information on this form is accurate and complete and I understand that I am signing for the minor listed on this form and the signature is for both medical and liability release.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_