

Great News...

Paperwork just got easier!

Dear Parents/Guardians:

In order to streamline paperwork for youth events and to cut down on repetitive forms you must continually fill out, Oak Grove has implemented a new process with regards to Youth Medical Emergency Information. You will need only to fill out this paperwork once (see inside) and all information will be stored in a secure database at the church office. Oak Grove Youth Leadership will take a copy of this information with them to each event your youth attends.

Each time you register your youth for an event, you will need only to give permission and certify that medical information is accurate and up-to-date. **It is imperative that you keep all medical information on file current** — if your youth's medical information changes for any reason, simply fill out a new form and submit it to the church office.

Thank you for your cooperation and continued support of OG Youth Ministries. Please let me know if I can be of any assistance to you with this new process!

In Him,
Roger Petersen
Youth Leadership Team Chair
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Oak Grove United
Methodist Church

*A faith community,
loving, and embracing
all God's children,
while challenging each
one to grow and go
forth as disciples of
Jesus Christ*

Oak Grove UMC

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Oak Grove Youth Events

Medical Emergency Information and Release Form



NOTE: All youth must have medical emergency info on file before attending an Oak Grove Youth Event. Please see instructions inside.

Oak Grove United Methodist Church

Youth Covenant of Conduct

A covenant is a binding promise; signing a covenant is a serious matter. It is your word and your honor. Please read carefully before you sign.

As a participant in this activity of Oak Grove UMC Youth, I promise to join in the covenant pledge with the other participants. I understand and will abide by the following rules.

- I will participate in all activities unless excused by an adult.
- I will adhere to the rules and guidelines established by the adult leaders and drivers.
- I will not leave any areas designated by boundaries set by the leaders during the trip.
- I will not purposefully disrupt event activities with rude, loud, or obnoxious behavior.
- I will not commit any acts of vandalism and will respect other's property.
- I will demonstrate proper cafeteria etiquette.
- I will act appropriately with members of the opposite sex. This means no couples alone at any time and no public displays of affection.
- I will not bring, purchase, or consume alcohol, tobacco products, or illegal drugs on this trip.
- I will not use inappropriate language on this trip.
- I will arrive at the pre-arranged destination at the pre-arranged times.
- I understand that I am responsible for any items I bring, such as radios, tape players, etc.
- I will take responsibility for my own actions.
- I understand that violation of this pledge may result in my early dismissal from this trip and the need for my parents to pick me up.

_____/____/____
Youth Signature Date

_____/____/____
Parent (Guardian) Signature Date

Youth Information

Name _____ /____/____
Last First MI DOB

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____ Age _____ Grade _____ Sex _____

Parent's/Guardian's Name(s):

_____ Work Phone: _____ Cell Phone: _____

_____ Work Phone _____ Cell Phone: _____

Medical Emergency Information/Release

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone : _____ Cell/Pgr: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Medication(s) presently taking? _____

For what conditions? _____

Allergies to food, medications, etc.: _____

History of serious illness? _____ Last Tetanus shot: ____/____/____

Other concerns Youth Leaders should know: _____

Health Insurance Carrier: _____

Policy Holder: _____ Policy #: _____ Group #: _____

In the unlikely event of an emergency, and I cannot be reached, I hereby give Oak Grove UMC and its youth leaders the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by the leaders. I give my permission to those administering emergency treatment to do so, by using those measures deemed necessary. I absolve Oak Grove UMC and its leaders from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Parent (Guardian) Signature: _____ Date: ____/____/____