

Youth Ministry Participation & Release Form

[CHURCH NAME]
[CHURCH ADDRESS]
[CHURCH PHONE NUMBER]

IMPORTANT NOTICE

This form is a template and may not be suitable for all jurisdictions or situations. Laws regarding liability releases, medical consent, and media permissions vary by state and locality. Churches should consult with their insurance provider and legal counsel to ensure compliance with applicable laws and to modify this form as needed for their specific circumstances and state requirements.

Participant Information

Student Name: _____ DOB: _____

Address: _____

Student Phone: _____ Student Email: _____

Emergency Contact #1: _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contact #2: _____ Relationship: _____

Phone: _____ Email: _____

Medical Information

Primary Care Physician: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

Policy Holder Name: _____ Group #: _____

Date of Last Tetanus Shot: _____

Known Allergies (food, medication, environmental): _____

Current Medications (include dosage and timing):

Medical Conditions/Special Needs:

Dietary Restrictions:

Over-the-Counter Medication Permissions

Does your child carry any OTC medications with them? Yes No

If yes, please list:

May church staff administer the following OTC medications if needed?

- Pain/Fever Relievers (Tylenol/acetaminophen, Advil/ibuprofen)
- Allergy Medications (Benadryl/diphenhydramine, Claritin/loratadine)
- Digestive Aids (Tums/antacids, Pepto-Bismol)
- Topical Treatments (antibiotic ointment, hydrocortisone cream, band-aids)
- Cough/Cold (cough drops, throat lozenges)

OTC Medication Restrictions/Special Instructions:

NO OTC medications may be given to my child: Check here if no OTC medications allowed

Activity Participation & Liability Release

I, the undersigned parent/guardian of the above-named minor, hereby give permission for my child to participate in [CHURCH NAME] youth ministry activities during the [PROGRAM YEAR/DATES].

Assumption of Risk & Release of Claims

I understand that participation in youth ministry activities may involve certain risks, including but not limited to: transportation in vehicles, recreational activities, sports, outdoor activities, and other program-related activities. I acknowledge these risks and voluntarily assume all risks of injury, illness, damage, or loss that may result from participation.

On behalf of myself and my minor child, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE [CHURCH NAME], its officers, directors, employees, volunteers, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child while participating in youth ministry activities, whether caused by the negligence of the releasees or otherwise.

Medical Treatment Authorization

I authorize [CHURCH NAME] staff and volunteers to secure emergency medical treatment for my child if needed. I understand that every effort will be made to contact me in case of emergency, but if I cannot be reached, I authorize youth ministry staff to act in my place in securing emergency medical care. I agree to be financially responsible for any medical expenses incurred.

I consent to emergency medical treatment: Yes No

Media Release & Photo Permission

I understand that during youth ministry activities, photographs, video recordings, or other media may be taken of participants for purposes including but not limited to:

- Church website and social media
- Newsletters and promotional materials
- Documentation of activities and events

Photo/Media Consent Options (Check ONE):

FULL CONSENT: I give permission for my child's image to be used in all church media, including online platforms, social media, print materials, and promotional content.

LIMITED CONSENT: I give permission for my child's image to be used in church media with the following restrictions:

NO CONSENT: I do NOT give permission for my child's image to be used in any media or promotional materials.

Special Instructions for Media Use:

Transportation

I give permission for my child to be transported in vehicles driven by church staff/volunteers age 21 or older.

I give permission for my child to ride with other parents/approved drivers for youth events.

I do NOT give permission for my child to be transported by church staff/volunteers.

Parent/Guardian Acknowledgement

I have read and understand this form completely. I understand that this release form will remain in effect for the duration of my child's participation in [CHURCH NAME] youth ministry programs during [TIME PERIOD], unless revoked in writing.

I certify that the information provided is accurate and complete to the best of my knowledge.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Relationship to Participant: _____