



USH KIDS/YOUTH EVENT PERMISSION FORM

EVENT NAME: _____ **LOCATION:** _____ **DATE(S) AND TIME(S):** _____

Event Range Age: 14-18 and in high school Grades 6-8 Grades 7-9 Multigenerational Family Event

Child/Youth Name: _____ SIGNATURE _____

Home Congregation: _____ Signature of Approving Party at Home Cong: _____
NAME:
TITLE:

Parent/Guardian Name(s): _____ Cell Phone (s): _____

Home Street Address: _____ E-Mail: _____

Alternative Emergency Name: _____ (if only one parent listed) Alternative Emergency Phone Number: _____

Name of Youth's Physician: _____ Physician's phone number: _____

Youth's Health Insurance Provider: _____ Policy Number: _____

Medical issues, needs, and allergies: _____

Accessibility needs: _____

I agree:

- No violence, weapons or dangerous items – This includes physical violence, verbal threats or harassment, or possession of weapons or explosives such as fireworks.
- Respect property/No vandalism – respect local facilities and the community's possessions, and no theft.
- No drugs, alcohol, marijuana or illegal substances – this includes requirement to use medication as prescribed, and turn prescription medication over to an adult if required for that event.
- No smoking, vaping, or use of tobacco products.
- No harassment on the basis of sex, race, national origin, religion, disability or any other protected status.
- No sexualized conduct or sexual activity, including open mouth and/or prolonged kissing. In general, includes any touch meant to arouse, sharing sexually explicit material such as videos, apps or games.
- No unwanted, uninvited touch – only a clearly expressed "yes" means yes – e.g. ask before hugging.
- Rule of Three - All excursions off-site must include a minimum of three, multigenerational participants. No youth or adults are to ever be alone in a closed space with another youth participant.
- No leaving the event location without proper permission – what constitutes permission may vary by event but must require permission by the adult responsible for supervising the youth.
- No riding in vehicles with drivers not registered with USH for driving necessary during the event.

Youth Signature (if over 12)

Parent Signature

Parental Consent

your parent must sign this form:

Liability and Medical release:

I, _____ (print name) am the parent/legal guardian of:
_____. I have fully disclosed all pertinent facts about my child and acknowledge full responsibility for any omission or misstatement regarding such matters

In the event that an emergency should arise while my child is participating in this event, I hereby grant my permission to any responsible adult to do whatever they deem necessary to insure the safety and well-being of my child.

In the event I cannot be reached or the situation appears to be urgent I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by licensed medical professional I further agree to be fully responsible for all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required.

If my child violates site rules, event expectations, including those described above or any applicable covenant, I agree to be responsible for their transportation home. I understand I may be required to pick up my child at the event. If my child participates in any illegal activity, I realize the proper authorities will be contacted. I give permission for my child's photo to be taken during this event. However it is understood that any such photos will not be published with any name indication without a further written consent by me.

Medications: Prescription medication must be transported in original prescription bottles. All medications (over the counter and prescription) will be held by an adult who will give the bottles to the youth when they need them. Controlled substances must always be held by an adult in a secure location. Epipens, inhalers and birth control pills can always be held by the youth, youth are solely responsible for proper administration of their medications when in their possession.

RELEASE OF LIABILITY: I hereby release and hold harmless the Unitarian Society of Hartford, its members, directors, officers, employees, staff, volunteers, agents and representatives from any and all liability and claims, demands or causes of action which might arise as a result of or in connection with participation in this event or activity.

This consent may be photocopied, with photocopies authorized to be as binding as the original.

Parent/Guardian - Signature & Date