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Child Protection

**Subject: Parent/Guardian Consent and Medical Release Form for 2022-23 JSMC Youth and Junior Youth Events**

Date implemented: June 2003

Departments: Youth Nurture and Children Nurture

Revision: 12/04, 6/07, 12/11, 12/12, 2/15, 9/20

Approved by: Ministry Team

All participants of youth/junior youth groups as well as children/youth participating in off-site activities must have a **Parent/Guardian Consent and Medical Release Form** on file before they will be allowed to participate.

I hereby consent for my child \_\_\_\_\_ to participate in 2022-23 JSMC Youth and Junior Youth Events.

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

Printed name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

This address is the same as the child named above? Yes \_\_\_ No \_\_\_ If no, please provide address of child

**Emergency Contact** (if the above named cannot be reached):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Transportation information:**

I give permission for my child \_\_\_\_\_ to be transported to and from group activities by adult drivers only. If my teen drives or is driven by someone else to and from an activity, I understand that James Street Mennonite Church nor any of its staff or volunteers will be responsible for anything that happens en route and the whereabouts of my teen before or after the planned activity.

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

**Medical information:**

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Does your child have any food allergies? No \_\_\_\_ Yes \_\_\_\_ If yes, please list allergies and reactions.

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Is your child allergic to:

Bee sting \_\_\_\_ Pollens \_\_\_\_ Other drugs \_\_\_\_

Hay/straw \_\_\_\_ Penicillin \_\_\_\_ other \_\_\_\_ (please specify) \_\_\_\_\_

Does your child have any other life-threatening allergies? \_\_\_\_\_

For overnight or off-site activities, will your child be bringing any medication with him/her?

No \_\_\_\_ Yes \_\_\_\_ If yes, please list medication and state dosage:

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(Please note: medication should be in its original container with child's name and administration instructions clearly indicated)

Any other medical concerns (i.e. asthma, diabetes, seizures, heart disease)? \_\_\_\_\_

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Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? No \_\_\_\_ Yes \_\_\_\_ If yes, please explain: \_\_\_\_\_

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It is understood that every precaution will be taken for the safety and well-being of my child. In the event of accident or sickness, the child will be provided with appropriate medical care and every effort will be made to contact the parent/guardian as soon as possible. In the event of a medical emergency, in which a parent/guardian is not immediately available, I hereby give my permission to a representative of James Street Mennonite Church to secure proper treatment and/or administer medication as identified above. James Street Mennonite Church (JSMC), its staff and its volunteers are hereby released from any liability.

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

**Mentor program:**

I consent for my child \_\_\_\_\_ to be alone with an approved adult for the purpose of the mentor program in association with James Street Mennonite Church. I understand that this consent will remain in effect unless I revoke it in writing, or at which time my child turns 18 years old.

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