



Voyage Church Youth Group
2025 - 2026 PERMISSION FORM

YOUTH INFORMATION

Child #1

Name: _____ Grade: _____ DOB: _____ Male/Female

Nickname/Preferred Name: _____ School: _____

Youth Email: _____

Youth Cell Phone #: _____

Child #2

Name: _____ Grade: _____ DOB: _____ Male/Female

Nickname/Preferred Name: _____ School: _____

Youth Email: _____

Youth Cell Phone #: _____

Child #3

Name: _____ Grade: _____ DOB: _____ Male/Female

Nickname/Preferred Name: _____ School: _____

Youth Email: _____

Youth Cell Phone #: _____

PARENT/GUARDIAN INFORMATION

Parent #1

Name: _____

Parent Email: _____

Parent Cell Phone #(s): _____

Parent #2

Name: _____

Parent Email: _____

Parent Cell Phone #(s): _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

FAMILY ADDRESS

Family's Primary Address: _____

Family's Secondary Address: _____

MEDICATION: List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event.** Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do. ****It is the responsibility of the parent/guardian to contact the Anchor Youth Group Leadership regarding any changes in student medication administered during any youth event. Changes must be documented in writing.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any Voyage Church Anchor Youth Ministry activities, events, and retreats during the period of October 1, 2025 through August 31, 2026.

LIABILITY RELEASE: In consideration of Voyage Church allowing the Participant to participate in Anchor Youth Ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Voyage Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Anchor Youth and Voyage Church Activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in Anchor Youth Ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/ youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Voyage Church. My child/youth and I understand that **SEAT BELTS MUST BE WORN AT ALL TIMES** during transportation.

Name(s) of Youth (print)

Parent/Guardian Name (print)

Signature Parent/Guardian

Date

Voyage Church Photo Release Form for Children and Youth

I agree that Voyage Church may photograph and record my child/dependent's likeness and activities (Images) during church-related activities. I grant the following rights to Voyage Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Name(s) of Youth (print)

Parent/Guardian Name (print)

Signature Parent/Guardian

Date