



USH KIDS/YOUTH EVENT PERMISSION FORM

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

Child/Youth Name: _____ Child/Youth Cell: _____

Home Congregation (If not USH): _____

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

Parent/Guardian Home Street Address: _____ Parent/Guardian E-Mail: _____

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

Alternative Emergency Phone Number: _____

(Complete below only for overnight and off-site events)

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

Child/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.

Youth Signature (if 13 or over)

Parent/Guardian Signature (if 12 or under)

* Medication not given unless prior written arrangement with family.

Parental Consent

your parent must sign this form:

Liability and Medical release:

I, _____ (print your name) am the parent/legal guardian of: _____ I fully consent to my child/youth participating in the above-indicated event, 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 is deemed necessary to insure the safety and well-being of my child.

In the event I cannot be reached, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay 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 by law.

If my child violates site rules, event expectations, or covenant, I agree to be responsible for their transportation home. I understand I may be required to pick up my child at the conference. If my child participates in any illegal activity, I realize the proper authorities will be contacted. This consent may be photocopied, with photocopies authorized to be as binding as the original.

Medications: 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.

I give permission for my kids/youth's photo to be taken during this event.

Photos may be posted on USH website.

I DO NOT give permission for my kids/youth's photo to be taken during this event.

Parent/Guardian - Signature & Date