

Ignite Student Ministry Event Information Packet

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Please fill out all the forms in this packet and

- 1) Mail them to the church attn: Student Ministry *or***
- 2) Drop them by the church office *or***
- 3) Scan and email to jcauller@gfumc.com**



Gainesville FUMC

Ignite Student Ministry

General Event Information

- Student Check in: Wednesday, June 19, 2019 @ 4:00pm
The address is 2780 Thompson Bridge Rd. Gainesville, GA 30506
- Check in table located in Grace Hall. Please be sure that all required forms have been turned in, or that you have them with you.

**** The following items are required at Check In****

- 1) Current 2018-2019 Medical Form. *If we have a current Medical Form on file, you need not provide one. They are on file for 1 year.*
- 2) Signed Conduct Contract (see page 4)
- 3) Pre-Packaged Prescription meds with written instructions. (See the policy/procedure on page 8)
- 4) Over The Counter Medications Permission form (see page 8)
- 5) Any Outstanding Balance for retreat.

***** Please do not leave your student at the church until we have confirmed all required documentation *****

General notes of things to be aware of:

- Be sure to pick up the Contact Cards. These will have adult cell phone numbers in case of emergency.
- We will gather inside Grace Hall at 4pm for prayer and boarding of the buses.
- Pick up for your student will be at Antioch UMC after the closing Service on Sunday, June 23, 2019.

Special Notes for this event:

Things we must say

While we do not embrace “zero tolerance” thinking, there are some specific causes for a student being sent home. Please see the Conduct Contract below. Parents, please have a conversation with your student about the contract before they leave.

GENERAL CONDUCT EXPECTATIONS

- Respect other people’s property (no using it or eating it)
- Clean up your own mess
- No rough-housing in the rooms & meeting rooms
- No raids on other rooms
- Each student will attend and eat at every meal
- Each student will attend every Worship Session
- Students will be on time to all sessions
- Students may not leave their dorm or cabin after lights out
- No possession or use of alcohol, drugs, or tobacco
- Students may not drive to a retreat
- No fighting, weapons, fireworks, lighters, pornography or explosives
- No offensive or immodest clothing
- No boys in girls’ sleeping quarters and no girls in boys’ sleeping quarters
- Participation with the group is expected
- Respect one another, staff and adult leaders

The Student Conduct Contract on the next page must be signed by both student and parent.



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Ignite Student Ministry Standards of Conduct

Ignite Student Ministry Retreat Conduct Contract

On this and every outing Student Ministry undertakes, it is imperative that parents and students understand that we represent Gainesville First UMC and Jesus Christ. Our behavior should be exemplary both individually and as a group. We have set high standards and expectations with respect to conduct. Please read the following retreat/event guidelines and go over them full with your teenager. There should be no misunderstanding with regard to these specific guidelines and consequences levied for failure to comply.

IMMEDIATE CAUSES FOR BEING SENT HOME

1. Any hazing of students – this behavior is absolutely NOT tolerated. This includes any act of physical violence towards another student.
2. Possessing or using tobacco products, alcohol, illegal drugs, weapons, fireworks, pornography
3. Any act of vandalism. (You, as the parent, may be held responsible for the payment or replacement of the damages due to vandalism)
4. Guys entering girl's rooms for any reason
5. Girls entering guy's rooms for any reason
6. Students leaving dorm or cabin after lights out

Should it be necessary to send a student home, the student will call the parents, and the parents agree to leave immediately to come to the retreat center or event site to pick them up.

I have read the Conduct Contract and agree to abide by the guidelines. I understand that if I violate these I will be sent home.

Student Signature: _____

Date: _____

I have read and reviewed the Conduct Contract with my son/daughter and agree to come and pick up my student if requested.

Parent Signature: _____

Date: _____



Gainesville FUMC

Ignite Student Ministry Medical Release and Permission Form

Effective dates: August 1, 2018 through August 1, 2019

Please print in ink

Name: _____ Age _____ Birthdate _____
 LAST FIRST MIDDLE

Year in school Fall 2018 _____ ☐ Male ☐ Female Parent Email _____

Address _____ City _____ State _____ Zip _____

Student Cell (if applicable) _____ Student Email _____

Medical insurance company _____ Policy # _____

Mother's Name: _____ Phone: Home _____ Cell _____

Father's name _____ Phone: Home _____ Cell _____

Non-Parent
Emergency contact _____ Phone: Home _____ Cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____



Gainesville FUMC

Ignite Student Ministry Medical Release and Permission Form

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. This information will only be used, upon your request, to administer medication or, in case of an emergency, to inform medical professionals which substances are in the student's body.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—

☐ good swimmer

☐ fair swimmer

☐ non-swimmer

2. Does your child have allergies to—

☐ pollens

☐ medications

☐ food

☐ insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

☐ asthma

☐ epilepsy / seizure disorder

☐ heart trouble

☐ diabetes

☐ frequently upset stomach

☐ physical handicap

4. Date of last tetanus shot: _____

Additional comments: _____

Should your student's activities be restricted for any reason? Please explain: _____



Gainesville FUMC

Ignite Student Ministry Medical Release and Permission Form

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, lock-ins, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Director of Student Ministries prior to that event.

_____ has my permission to attend all youth activities.

NAME OF STUDENT

sponsored by GFUMC Student Ministry (hereafter, "the Church"), from August 1, 2018 to August 1, 2019.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____



Gainesville FUMC

Ignite Student Ministry Prescription Medications Policy:

In keeping with our drug free policy, students will not be allowed to possess or self-administer medications. If your student requires ongoing or temporary prescription medications, please read and follow the procedure as outlined below. This also includes over the counter medications a student may be taking at the time of the event or retreat. *The information you provide will be kept confidential.*

- 1) Place the medication(s) in original packaging into a zip lock bag, along with an index card.
- 2) The index card should contain the student's name, name of medication, prescribed dose, times for administration and any special instructions we need to know.
- 3) On the retreat, student's medications will be dispensed by authorized Student Ministry Staff or volunteer.
- 4) Should you need them, bags and cards will be available at the Check-In Desk

Over the Counter Medication Permission

As a ministry, we want to be sure that we are paying attention to detail. With the addition of a new Prescription Medication policy last year, we want to be sure that we account for over the counter pain/allergy medication as well.

On the retreat, we will have a small stock of pain medication; (Tylenol, Aleve, etc..) and allergy; (benedryl, etc....) available for students as needed. Additionally, we will be carrying fully stocked first aid kits to help with minor accidents.

Please sign below to authorize our staff team to administer over the counter medication during **GAP Session II. This authorization is for dates June 19-23, 2019 only.**

(print parent/guardian name)

(signature parent/guardian)

(date)



Gainesville FUMC
Ignite Student Ministry

**PARENTAL CONSENT AND RELEASE FOR PUBLISHING
OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE**

I, the parent/guardian of _____, understand that from time to time, pictures are taken during the activities at Gainesville First United Methodist Church (GFUMC), or under its direction, and then presented in various church-sponsored media. These include, but are not limited to: pictures, video productions, newsletters, web casts, brochures, handbooks, programs and Internet web pages. This form is to notify you those meetings, events and activities (including Worship) are considered public and they are video-taped and photographed and used in the above listed manner.

Further, on occasion a child's image may be singled out and used as an identifiable image. This may include participation in music, children or Student Ministry activities. In order for us to use an image of your child, we ask that you sign the waiver below to grant permission for us to use your child's image.

I hereby remise, release and forever discharge Gainesville First United Methodist Church from any liability for any injury or action against the above named minor resulting from the use of such pictures, video or other image in any medium utilized. This release includes that GFUMC will not be responsible for other user's reproduction, display, distribution or modification of the minor's images in any manner, nor will GFUMC be responsible for defamation, misrepresentation, or criminal acts by any unauthorized use of GFUMC images by third parties.

You have my permission to use my child's image as indicated above.

Signature of Parent/Guardian

Date

Printed Name

This consent form is valid for the year August 1, 2018 – August 1, 2019