

Grace Lutheran Church and Christian School

Youth Ministries Code of Conduct

+In the name of Jesus+

Students involved in the following practices may jeopardize their privilege of attending youth ministries:

1. Undermining the philosophy and objectives of the youth ministry.
2. Leaving the youth room or the property of Grace Lutheran church or any youth ministry sponsored activity without proper permission.
3. Defiance, willful disrespect or insubordination (not following instructions) of any policy or to any staff or adult during any youth ministry event.
4. Using profane or indecent language, improper conduct involving of the same or opposite sex, practicing lewd conduct or suggestive activity, possessing or displaying obscene literature, pictures, or articles.
5. Possessing or using weapons of any size, firearms, knives, explosives of any type, or any instrument used as a weapon to threaten or injure others.
6. Vandalism and/or careless use of Grace Lutheran property or that belonging to anyone else.
7. Tampering with Grace Lutheran fire equipment or alarm equipment, along with unauthorized use of facilities or keys.
8. Possessing, using or furnishing to others, on or off Grace Lutheran property, any form of tobacco, alcoholic beverages, or other intoxicants, illegal drugs or drug paraphernalia of any kind.
9. Dishonesty and/or deception in any form, including theft.
10. Conspiracy to, or participation in hazing, initiations, committing any act that injures, degrades, or disgraces anyone.

Please sign and date:

Student

Date

Parent or legal guardian

Date

**Grace Lutheran Church- Face to Face and The Stand Youth Ministries
Activity Permit and Parental Consent for Medical Treatment of a Minor**

Parent: _____
(Parent or Legal Guardian Herein "Parent")

Child: _____
(Child – Herein "Minor")

Grace Lutheran Church and Christian School
(Herein "Organization")

Any Staff Member of Grace Lutheran
(Herein "Designated Agent")

The above named Parent of the Minor hereby gives the **Minor permission to participate in field trips and excursions** planned by the Organization, and has entrusted the Minor into the care of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor.

The Parent does hereby authorize the Designated Agent of the Organization to consent to any **X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licenses under the laws of the State or Country in which the medical care is being sought and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the State or Country in which the dental care is being sought.**

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment may deem advisable.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for or by the Agent under this authorization.

These authorizations shall remain effective until September 2021 unless sooner revoked in writing and delivered to said Agent.

Dated: _____
(Parent or Legal Guardian)

Insurance Company: _____ Policy No. _____

Where Parent can be reached (Telephone): _____

Address: _____

Special medical conditions such as Diabetes, Allergic Reactions, Medications currently using:

Doctor's Name: _____ Telephone: _____

Address: _____

Designate below any primary care facility or designated urgent care facility that you desire your child be taken to in the event of an emergency; otherwise, we will take them to the nearest hospital.

Name of facility: _____

Address of facility: _____