

Community Covenant

In Christian community, we follow Jesus' teaching of loving God and our neighbor as ourselves. This covenant is a holy contract to set expectations of behavior and treatment of each other for all youth events sponsored by Christ Church, Shrewsbury, New Jersey.

1. All participants are expected to act in a manner that demonstrates mutual respect and appropriate dress, language, and behavior.
2. No youth or adult shall possess, use, or be under the influence of illegal drugs, drug paraphernalia, alcohol, or tobacco products during the event. Nicotine patches and gum may be used under the same guidelines as over-the-counter medication.
3. If there are sleeping areas, no one is allowed to enter sleeping areas of the opposite sex during the event.
4. No possession or use of firearms, knives (including pocketknives), fireworks, lighters/matches, or other weapons of any kind.
5. Acts of violence and aggression (verbal and physical) will not be tolerated.
6. The physical property of the facility and the property of each person at the event will be respected.
7. There will be no sexual activity, sexual misconduct, sexually inappropriate communication, or harassment.
8. No youth shall drive any vehicle (even their own) during the event.
9. All participants are expected to remain on premises, be present for all scheduled activities, and follow all rules set for the entire event.
10. Personal electronic devices (including cell phones) are only to be used during designated times.

*This Covenant helps provide for the physical, emotional, and spiritual safety of the whole community, and **a violation of this covenant is damaging to the community.** Violations will be dealt with in an immediate and appropriate manner by the Adult Sponsors and/or Rector.*

Signature of Youth: _____

Signature of Parent/Guardian: _____

Date: _____

MEDICAL RELEASE FORM – CHRIST CHURCH, SHREWSBURY JERSEY

Youth's Name and Birthdate: _____

The following is a list of medications that my child, _____, will need to take while attending _____. (Please attach a list if additional room is needed.) All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION DOSE WHEN TAKEN

Medical Conditions

Food/Drug Allergies

I understand that, except for rescue inhalers and EpiPens, all youth medications will be secured by the event adult leader for the duration of the event and made available for my child to take when scheduled.

Signature of Parent or Guardian Date

The following medication will be available for your child to take with your permission. I, the parent/guardian of _____ give permission for my child to take:

Cough Drops Yes _____ No _____

Tylenol Yes _____ No _____

Motrin Yes _____ No _____

Mylanta/Titrilac Yes _____ No _____

Benadryl Yes _____ No _____

Imodium A-D Yes _____ No _____

Signature of Parent or Guardian Date

By my signature of this form, I give permission for all licensed medical and emergency personnel to treat my child, _____, for illness or injury experienced during Christ Church Youth Events. I give permission for event staff, in my absence, to authorize medical or emergency treatment for my minor child and to pass on to medical or emergency providers the insurance and medical information provided on these forms.

Medical Insurance Co. _____

ID# _____ Group # _____

Primary MD Name _____ Phone # _____

Signature of Parent or Guardian Date