



YOUTH Participant
Medical History/Release, Permission, and Agreement Form

Youth Participant Name \_\_\_\_\_ Church Name \_\_\_\_\_

Male/Female \_\_\_\_\_ Age & Grade(at time of trip); \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian's Employer \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Does your insurance carrier require a second opinion before emergency procedures are undertaken? (Yes/No)

If parents can't be reached in an emergency, please contact:

Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Evening Phone ( ) \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

The following information is required to ensure that your youth's individual needs are met while attending Asheville Youth Mission. Information is confidential and will be made available only to staff, adult counselors, and medical professionals, i.e., those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parents/guardians or designated individual. For their safety and well-being, no child will be allowed to attend without a completed and signed Medical History/Release, Permission, and Agreement Form.

Date of youth's last tetanus shot \_\_\_\_\_

Please list any physical or behavioral conditions that the program staff and adult counselors should be aware of (sleepwalking, epilepsy, diabetes, fainting, depression, eating disorders, asthma, etc.) Please be specific so that we can provide the best care for your child:

Is your youth allergic to any food, medication or insect bites? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, please list particular allergy and probable reaction:



Is your youth currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all medications that your child will be bringing including complete instructions for administering:

**Unless absolutely necessary, do not change your youth's prescriptions before their AYM week. Since we don't know what normal behavior is for your child, we will be less likely than you to detect negative reactions to medication changes.**

**Note:** If your child requires special care or diet, please contact us as soon as possible prior to arrival so that necessary arrangements can be made. We will do all the grocery shopping prior to your group's arrival. (Debbie Alford @ 828 231-4635 or AYMDebbie@gmail.com)

Your signature here confirms that the information on these two pages are complete and correct and that you are giving permission to staff and adult counselors as noted.

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

**Medical Release and Permission**

(Youth's name) \_\_\_\_\_ has my permission to attend Asheville Youth Mission. I

understand that the program involves manual work and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. In case of a medical emergency, I hereby authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my child.

I have read and understand the foregoing paragraph.

I agree to indemnify and hold harmless Asheville Youth Mission, its officers, agents, volunteers and employees from any and all claims, damages, expenses or injuries arising out of or incident to my or my child's participation in Asheville Youth Mission and all activities associated with it, unless such loss or injury results directly from the neglect or willful act of an officer, agent, volunteer or employee of Asheville Youth Mission acting within the scope of his/her employment.

**Publicity Release**

You have my permission to use photographs/videos in which I or my child appears for Asheville Youth Mission publicity purposes only.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**No adult or youth will be allowed to attend AYM without a completed and signed Covenant.**

- I am a child of God and therefore will treat others as children of God, too. I will be kind, respectful, and show the love of Christ to all I meet.
- I understand that I represent my home church and Asheville Youth Mission. People also see me as an agent of Jesus' presence and work in the world. Therefore, I will show Christ's love and grace at service sites I visit, at AYM's site, at the shower site, and at all places my group visits.

**If inappropriate behavior occurs at service sites, participants may be asked to be dismissed from the program and return home early at the church's/school's or parent/guardian's expense.**

- I will not bring cell phones, iPods, mp3 players, or any other isolating technology to service sites or AYM programs. These items will only be used during free time in the evening and/or in agreement with my home group's covenant on these technologies.
- If I am a youth, I agree to always be in a pair with another youth while at service sites and all AYM activities. If I am an adult, I agree to never be alone with any one youth at any time for any reason.
- I will not give money or identification information such as my address, phone number, or last name to anyone I meet at service sites.
- I understand that the use of and/or possession of alcoholic beverages, tobacco products, or illegal drugs will not be tolerated under any circumstances. I understand that the use of and/or possession of any medications that you cannot buy over the counter at a drug store and/or that have not been prescribed by a doctor to me will not be tolerated under any circumstances. *I understand if these substances are found in my possession, emergency contacts will be notified and I will be dismissed from the AYM program immediately.*

I will dress appropriately and according to AYM's worksite dress code requirements, as described in "What to Bring" and described below:

**LONG shorts:** *Shorts must touch the knee when standing.* ALL youth must wear long shorts.

(think walking shorts, soccer shorts, basketball shorts). Leggings worn under Nike Running shorts ARE NOT appropriate worksite attire.

**CLOSED-TOE SHOES:** Always wear closed-toe sturdy shoes—like tennis shoes—with socks. (no tevas, crocs, chacos, birks, flats, or flips).

**SHIRTS—t-shirts:** All youth must wear shirts with sleeves. No tank tops, spaghetti straps, or low cut shirts.

**PANTS:** Everyone must bring at least one pair of pants. *Some work sites require pants.* If shorts are too short, the participant will be required to wear long pants. Yoga pants and leggings ARE NOT appropriate worksite attire.

**UNDERWEAR:** Yes, please wear it. But no one should be able to see it. No underwear showing out of pants (pants must fit to waist). No bra straps showing out of shirts.

**I understand that violation of any part of this covenant will result in appropriate actions which may involve calling parent/guardians, emergency contacts, or in extreme cases, being dismissed from the AYM program.**

*If a young person must be sent home early, they will be sent home at the expense of their parents/guardians or church/school.*

This covenant must be signed by each AYM participant (adult and youth) and the parents/guardians of all youth. Signing the covenant is a commitment to an experience in which God will be at work in your life and in the life of others.

**For Adult Participants:**

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Adult Participant Printed Name

Signature

Date

**For Youth Participants:**

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Youth Participant Printed Name

Signature

Date

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Parent/Guardian's Printed Name

Signature

Date