

# Childcare at the 2026 Annual Conference

## Permission and Medical Authorization Form

**Event:** Childcare at the Annual Conference

**Date:** \_\_\_\_\_

**Sponsoring Ministry:** Council on Young People's Ministry

This form must be completed and signed by a **parent or legal guardian** for any participant under 18 years of age.

### 1. Participant Information

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

### 2. Emergency Contact (if parent cannot be reached)

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### 3. Medical Information

Please list any allergies, medical conditions, dietary restrictions, or special needs leaders should be aware:

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Physician Name (optional): \_\_\_\_\_

Physician Phone (optional): \_\_\_\_\_

Health Insurance Provider (optional): \_\_\_\_\_

## 4. Medication Information

Will your child require medication during the Annual Conference Childcare?

Yes       No

If yes, please list medication(s):

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All medications must be administered by the parent/guardian.

I understand that medications **cannot** be administered by childcare leaders and volunteers.

Parent/Guardian Initials: \_\_\_\_\_

## 5. Assumption of Risk

Participation in this event includes group activities outside (outdoors) on the church property. While leaders take reasonable precautions for safety, certain risks are inherent in group activities.

By signing this form, I voluntarily allow my child to participate in this event and acknowledge these risks.

Parent/Guardian Initials: \_\_\_\_\_

## 6. Medical Authorization

If my child, \_\_\_\_\_, requires medical or dental treatment during this event, reasonable efforts will be made to contact me.

If I cannot be reached, I authorize the Annual Conference Childcare Leaders to consent to:

- X-rays
- Medical or dental treatment
- Anesthesia
- Emergency hospital care

as recommended by a licensed medical professional.

Parent/Guardian Initials: \_\_\_\_\_

## 7. Medical Insurance Responsibility

I understand the Northern Illinois Conference **does not provide medical insurance** for participants. Any medical expenses will be submitted to the participant's personal or family health insurance.

Parent/Guardian Initials: \_\_\_\_\_

## 8. Emergency Transportation Authorization

In the event of illness or injury, I authorize the Annual Conference Childcare Leaders to arrange transportation for my child to a medical facility if necessary. This may include transportation by an adult leader, emergency personnel, or ambulance.

Parent/Guardian Initials: \_\_\_\_\_

## 9. Photo and Media Release

I grant permission for the Northern Illinois Conference and affiliated ministries to photograph or record my child during this event for ministry purposes such as newsletters, websites, or social media.

Yes, I give permission

No, I do not give permission

Parent/Guardian Initials: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

## 10. Youth Behavior Covenant

Participants are expected to:

- Follow the instructions of adult leaders
- Treat others respectfully
- Respect the worship spaces and customs of the communities visited
- Follow transportation safety rules
- Avoid unsafe or disruptive behavior

Failure to follow these expectations may result in removal from the activity and notification of parents.

Participant Signature: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

## 11. Parent / Guardian Permission

I certify that I am the **parent or legal guardian** of the above-named minor and give permission for them to participate in this Northern Illinois Conference childcare at the Annual Conference and related activities.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_