



REAL TEENS ANNUAL PERMISSION SLIP

Every teen MUST have a signed slip to attend any event for the calendar year of 2023-2024

YOUTH NAME: _____

PHONE: _____ **D.O.B.:** _____

I do hereby give my consent for my child to participate in overnight activities/outings/or events sponsored by The Real Church for calendar year 2023-2024.

I have instructed my child on his/her conduct and responsibilities. I understand that if my child fails to comply with the rules established by the Group Leaders, I will be notified and may possibly be required to provide return transportation of my child earlier than the expected return from the activity/event/outing.

I hereby release The REAL Church, its leaders, and organizers from all liability from personal injury to my child, as a participant and/or spectator. In the event all reasonable attempts to contact me have been unsuccessful, I give consent for immediate medical treatment as required, in the judgment of health professionals, while my child attends youth ministry sponsored activities.

I further understand that this form must be signed and returned to the REAL Church Leader/Organizer before my child may participate in any recreational activities.

Youth Rules and Expectations

1. Everyone must arrive 15 minutes before departure time and should arrange to be picked up on time. The group will leave at the set departure time. Please be ON TIME. If it is necessary for you to arrive early and/or stay late, Angel Abreu should be notified in advance.
2. No illegal drugs, alcohol, or tobacco products/vapes are allowed. Anyone who needs to have prescription drugs should give them to Heather Abreu with a time schedule. Chaperones will not supply aspirin or over-the-counter medications to the youth unless there is Permission from a parent or guardian in writing.
3. All students/teens are expected to show respect to all students, chaperones, drivers, and leadership at all times.
4. If applicable do not exit the bus until given permission to do so.
5. We represent Jesus Christ, The REAL Church, and ourselves. We expect that you will use your manners, be respectful, and most importantly glorify God in speech and in your actions.

Youth Signature: _____ **Date:** _____

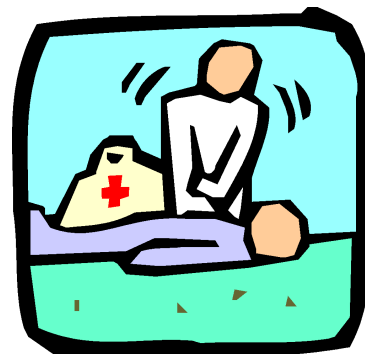
Parent/Guardian Signature: _____ **Date:** _____

"REAL Worship, REAL Faith, REAL People, be REAL and watch what God will do in your life."

James 5:16

MEDICAL RELEASE

*All minors who participate in Church outings must have this form on file in the church office.
It must be signed and dated.*



AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

In the event of illness or injury occurring to my son or daughter while involved in The Real Church or activity. I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Date
Guardian)

Mother's Name

(Signature of Mother or Legal

Date
Guardian)

Father's Name

(Signature of Father or Legal

Personal Information:

Teen Name _____

Birth date _____ Grade

Address _____ Zip _____

School

Phone #s Home _____ Cell: _____

Email

Emergency Contact _____

Phone

Medical Information:

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Medical Insurance Co. _____

Acct. #

Family Physician _____

Phone #

Address _____

In the event of an emergency, every effort will be made to contact the parent or guardian before service is rendered aside from first aid.

It's important that this information be accurate so proper care may be given to each minor. Should at any time any of this information change or become obsolete, please fill out a new form.

Questionnaire

Oftentimes when taking teens on trips, especially over nights, it is helpful for our leaders to have more detailed information. Please take a moment to fill out the following.

Check the following health concerns to which you are subject:

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bloody Nose | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Hay |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Poor Digestion | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sore Throats | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Headaches | | | |
| <input type="checkbox"/> Hearing | | | |
| <input type="checkbox"/> Sinus Problems | | | |
| <input type="checkbox"/> Wears Contacts | | | |

Are you: No Red Meat A Vegetarian Lactose Intolerant?

List any other dietary needs.

List any allergies.

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List any restrictions.

List any regular medications.

Date of last Tetanus shot: _____

Do you carry a medical card with you? Yes No

Do you carry an EpiPen? Yes No Allergies

to _____

Who is allowed to pick teen up?

Did we forget anything?

(Each Parent or Guardian must sign for the minor, if possible.)

Teen:

I have read the "Youth Rules and Expectations." I agree to abide by the rules of the planned activities and to show respect for everyone, youth and adult, who is participating.

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I understand that I am expected to participate in all activities for the full time of the event unless my parents have otherwise arranged it with the adult in charge.

I understand that failure to do so will result in notification of parents and/or possible removal from future activities.

DATE _____

YOUTH SIGNATURE _____

PARENT:

*I understand that my youth will be participating in the Real Church Teen Program from **September 1, 2023 – September 1st, 2024**, and I have read and understand the rules and expectations of the program. I will support the adult leaders in any way possible.*

I permit my youth to travel in private cars to the planned events. I expect reasonable care to be given to my youth, but I will not hold the adult leaders or The Real Church responsible for the safety of my youth. Medical information and a medical release are on file for my youth.

Any questions regarding the medical release and consent form with The Real Church please see Angel or Heather Abreu-Feliciano.

DATE _____

PARENT SIGNATURE _____

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