

# 2018-2019 Parental Consent Form for North Raleigh UMC Youth

Name of Youth \_\_\_\_\_ Youth Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Primary Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

The undersigned do(es) hereby give permission for our (my) youth: ("Participant"), to attend and participate in **North Raleigh UMC** or **North Carolina Conference United Methodist** youth ministry activities, events, and retreats during the period of **August 2018-August 2019**.

**LIABILITY RELEASE:** In consideration of **North Raleigh UMC** allowing Participant(s) to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **North Raleigh UMC**, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **North Raleigh UMC**. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

**PHOTO/MEDIA Release:** We give permission for photos or electronic images of our (my) youth to be used in the church publications, multimedia presentations, in future promotions, on social media sites, and on the North Raleigh youth and church web sites. We agree that our youth will not be tagged and named and that the pictures are representations of the activities of our youth program.

The undersigned grant Liability Release, Medical Treatment Permission, Transportation Permission, Early Return Home Policy agreement, and Photo/Image Release:

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

# 2018-2019 Health Form for North Raleigh UMC Youth

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Health Information:

Do you have health medical insurance? \_\_\_ Yes \_\_\_ No In whose name is the insurance? \_\_\_\_\_

Name of Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

*If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth activity.*

Pre-existing or present medical conditions \_\_\_\_\_

Name and dosage of any medications that must be taken \_\_\_\_\_

Any Known Allergies (Write treatment if known) \_\_\_\_\_

Month and Year of Last Tetanus Shot \_\_\_\_\_

## Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my youth will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by North Raleigh United Methodist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold North Raleigh United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student (if over 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

## Other Helpful Information:

Baptized? \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Confirmed? \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

T-Shirt Size (adult sizes): Check one:    S        M        L        XL        XXL

School \_\_\_\_\_ Grade for Fall 2018 \_\_\_\_\_

Year Round or Traditional? (Circle one.) Track, if Year Round \_\_\_\_\_