

2024-2025 Parental Consent Form for North Raleigh UMC Youth

Name of Youth: _____ Youth Email: _____

Primary Address: _____

City/State/Zip: _____

Parent 1/Guardian Name: _____

Home Phone # _____ Cell Phone # _____

Parent 1/Guardian Email: _____

Parent 2/Guardian Name _____

Home Phone # _____ Cell Phone # _____

Parent/Guardian 2 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 2024-August 2025**.

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 websites. We agree that our youth will not be tagged or 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: _____

2024-2025 Health Form for North Raleigh UMC Youth

Legal Name of Youth _____ Date of Birth: _____

Preferred Name of Youth: _____ Gender: _____

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 a youth ministry event or retreat, please send us the necessary information to give them proper medical care during that time.

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 immediately contact 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:

T-Shirt Size (adult sizes): Circle one: XS S M L XL XXL XXXL

School: _____ Grade in Fall 2024: _____

What else do you want us to know about your youth? _____

