

**PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM**  
New Beginnings UMC Youth Group  
2925 Mack Dobbs Rd. Kennesaw, GA 30152

**Participant Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Youth Group of New Beginnings UMC of Kennesaw, GA. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by the New Beginnings UMC.

**Medical Release**

I hereby authorize the Youth Group leaders, volunteers, New Beginnings UMC, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

**Custody Release**

I further authorize the Youth Group leaders of New Beginnings UMC of Kennesaw, GA to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said, adult.

**Activity Release**

I further give permission for my child to participate in all activities sponsored by the Youth Group or New Beginnings UMC, except as noted:

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**                      **Printed name of Parent or Guardian**                      **Date**

**EMERGENCY CONTACT INFORMATION**

<u>Parent(s)/Guardian(s)</u>	<u>Phone Numbers</u>	<u>Phone Type</u> (Home, Mobile, etc.)
_____ Name(s)		
_____		
_____		

\_\_\_\_\_  
Parent(s)/Guardian(s) Email address(es)

<u>Other Emergency Contact(s)</u>	<u>Phone Numbers</u>	<u>Phone Type</u> (Home, Mobile, etc.)
_____ Name(s)		
_____ Relationship to Participant		

Health Care Information

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

Birth date: \_\_\_\_\_

Physician

Dentist

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Dental Insurance Company

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

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

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Does your child wear glasses or contacts?

Date of last tetanus shot \_\_\_\_\_

For your child’s safety and our knowledge, is your child a good, fair or non-swimmer?

Please list any prescription medication to be taken by the participant (including what it is taken for when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want to be dispensed to your child:

Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

You have received this parental consent form to both inform you and to request your permission for your child’s photo/image and name to be published on nbumc.org and/or any other websites maintained, owned, and/or administrated (“New Beginnings UMC Websites”) by New Beginnings UMC. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Director of Student Ministries, and such rescission will take effect upon receipt.

Check one of the following choices:

\_\_\_\_\_ I/We GRANT permission for this youth’s photo/image and all other personal identifiers listed above to be published on the New Beginnings UMC public website or any site operated by New Beginnings UMC.

\_\_\_\_\_ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on the New Beginnings UMC public website or any site operated by New Beginnings UMC.

\_\_\_\_\_ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on the New Beginnings UMC public website or any site operated by New Beginnings UMC.

Covenant of Participation for Youth

As a participant in events sponsored by New Beginnings UMC, I agree to conduct myself in a responsible manner by showing respect for other persons and property (as well as the safety and well-being of others) through my attitude, actions and behavior. I agree to respect the rules and regulations set forth by the church leadership and their representatives, as well as by the facilities and locations where our events take place. I recognize that, if I am negligent in honoring such rules and regulations or conducting myself responsibly, I may be held personally and financially responsible for any and all damages incurred. This may also include calling my parents to transport me home from an event prior to its completion.

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Date