2026-2027 Parental Consent Form for Highland UMC Youth

Name of Youth
Youth Email
Date of Birth
Grade
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 **Highland UMC** or **North Carolina Conference United Methodist** youth ministry activities, events, and retreats during the period of **August 2026- September 2027.**

LIABILITY RELEASE: In consideration of **Highland UMC** allowing Participant(s) to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Highland 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.

We (I) voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to our (my) child (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that our (my) my child may experience or incur in connection with our (my) child's attendance or participation in Highland UMC youth ministry activities ("Claims"). On our (my) behalf, and on behalf of our (my) child, we (I) hereby release, covenant not to sue, discharge, and hold harmless Highland UMC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages,

costs or expenses of any kind arising out of or relating thereto. We (I) understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Highland UMC, its employees, agents, and

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 **Highland 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 Highland 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.

COMMUNICATIONS: We give permission for Staff Youth Leaders to communicate through text messages with our (my) youth. These communications are only informational for events like time, location, and other pertinent information. We give permission for individual text messages of words of encouragement, checking in, and inviting to church events.

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

Parent/Guardian Signature: _____ Date___ _____

2026-2027 Health Form for Highland 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 Highland 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 Highland 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): Check one: S ○ M ○ L ○ XL ○ XXL ○