



## Kingswood Medical

### Permission Slip/Waiver of Liability

I hereby give my permission to have emergency medical treatment performed on \_\_\_\_\_(name)in the event of an accident or medical emergency, as needed, and hereby appoint in charge of the event the KUMC Youth Director or other KUMC volunteer as guardian for such purposes listed.

I grant KUMC volunteers or staff as guardian from May 2021 through August 2022.

My child is currently in good health and capable of participating in any/all of the activities during this event.

Without restrictions

Special considerations or restrictions: \_\_\_\_\_

Current medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Family physician \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any allergies, medications needed, or other relevant information:

\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my *express permission* to participate in all activities, of any nature, sponsored by Kingswood United Methodist Church for the calendar year May 2021-August 2022. I understand that participation in youth ministry events involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the event is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Kingswood United Methodist Church, the activity coordinators and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims of liability arising out of this participation.

I, the parent or guardian of \_\_\_\_\_,

Parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Phone numbers to reach adult \_\_\_\_\_

Alternate person to contact in case of emergency (name) \_\_\_\_\_

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(RELATIONSHIP)

## Parental Release Form for Children/Youth Media Recording

Oftentimes, our students, parents, volunteers or staff may take photographs or video recordings of various Kingswood events. Sometimes these pictures or videos may be posted on our Facebook page, used in worship or otherwise shared with the youth group, parents or congregation.

I, \_\_\_\_\_ the undersigned, do hereby grant or deny permission to use the image of my child/youth, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Web site.

\_\_\_ Deny permission to use my child's image at all.

\_\_\_ Grant permission to use my child's image in the following ways (mark all that apply):

\_\_\_ **Limited usage:** I want my child's image used within the setting only (not in the larger community).

\_\_\_ **Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within or in the larger community. One example of this could be videos in parent education classes.

\_\_\_ **Limited usage:** I want my child's image used on printed materials only (no digital or video use).

\_\_\_ **Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

This agreement is good until I rescind it or until I am no longer associated with Kingswood United Methodist Church.

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, contact the Director of Youth Ministry or Kingswood United Methodist Church, 770-457-1317.

## Youth Volunteer Form

Youth ministry relies heavily on volunteers for its existence. We need people to invest in the lives of our students and help them to grow into mature Christ followers. Our youth need to see that as a church we are here to support them and help guide them as they become young adults. It's truly an investment that will make an eternal difference!

The great part is that we have really awesome students! I'm not just saying that to get volunteers, I really mean it! You won't regret the time that you invest in our youth. If you're a parent of one of our youth, you may be thinking, "Well my child doesn't want me there and it's probably good for us to spend some time apart." Your involvement in our youth group sends a strong message to them of the importance of church. You'll both grow by your involvement in our group.

Please prayerfully consider how God can use you to impact the students in our church.

### Ways to Volunteer:

\_\_\_\_\_ **Sunday School Teachers** (9:45 - 10:45 am – Current need for Middle and High School teachers this summer and the next school year)

\_\_\_\_\_ **Sunday School Assistant** (9:45-10:45 am – No prep required, just attend the lesson – Current need for Middle and High School this summer and next school year)

\_\_\_\_\_ **Student Information Coordinator**— Input student contact information in Excel, get permission slips and medical information and organize in notebook.

\_\_\_\_\_ **Event Planning**—Help organize larger youth events like Pancake Supper, Rise Against Hunger, Graduation Breakfast.

\_\_\_\_\_ **Host Youth Parties**—Open your home for youth events like the Super Bowl Party and Progressive Supper.

\_\_\_\_\_ **Chaperones**—Males and females for retreats (fall or spring), mission trips and overnight events at the church.