

Hinton 2020
Parent/Guardian Consent Form

(This form needs to be turned in by March 22 along with a \$100 deposit and shirt size)

I, _____, am the parent or legal guardian of _____ (herein “my child”), and I am informed of the activities offered by Rocky Mount UMC, 1739 Perth Road, Mooresville, NC, beginning on June 21, 2020, and ending on June 26, 2020..

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by Rocky Mount UMC.

Signature of Parent or Guardian

Please cut off top portion and return it to Rocky Mount Youth Dept.

Dear Parent or Guardian,
We would like to invite your student to join us on the Hinton Youth Mission Trip 2020 at Hinton Rural Life Center in Hayesville, NC.

The cost is \$350 per student and includes transportation, lodging, meals, mission work, and more.

We will leave the church on Sunday, June 21 and return on Friday, June 26. Please look for more information to come.

If you would like to attend, please return your completed forms and deposit of \$100 **no later than March 22, 2020**. *(Please make checks payable to Rocky Mount Church)*

All paperwork and any monies owed are due by May 3, 2020.

Thanks for allowing your student to be a part of this exciting mission trip!

Tammy Gary
Rocky Mount Church
tammy@rockymountchurch.com
(704) 528-5525



Rocky Mount

UMC OF LAKE NORMAN

YOUTH MINISTRY Medical Information and Release Form

Student Information

Name _____
Birthdate _____ T-Shirt Size _____
School _____
Grade _____ Male _____ Female _____
Address _____
City _____
State, Zip _____
Home Phone _____ Cell Phone _____
E-Mail _____

Parent Information

Mother _____
Address (if different) _____
City _____
State, Zip _____
Home Phone _____ Cell Phone _____
E-Mail _____
Father _____
Address (if different) _____
City _____
State, Zip _____
Home Phone _____ Cell Phone _____
E-Mail _____

Emergency Contacts

Name _____
Home Phone _____ Cell Phone _____

Name _____
Home Phone _____ Cell Phone _____
Family Physician _____
Phone _____

Please List any Past Medical History

Please list any food allergies or dietary restrictions

Allergies

Drugs _____

Insects _____

Vegetation _____

Previous operations or serious illnesses

Name and dosage of current medications

If Known: Blood Type _____ Date of last Tetanus shot _____

Childhood diseases

Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Other _____

PERMISSION FOR TREATMENT

In the event that I/we the undersigned parent(s) or guardian(s) of _____, a minor, cannot be reached, I/we do hereby authorize adult workers for the youth group of Rocky Mount UMC of Lake Norman, Mooresville, North Carolina as agent(s) for the undersigned, to consent to any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

RELEASE OF LIABILITY

I/We, the undersigned, do hereby release, remise and forever discharge Rocky Mount UMC of Lake Norman and all adult workers for the youth group of Rocky Mount UMC from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in a church sponsored trip or event.

PHOTO/AUDIO/WEB RELEASE

Further, I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the participant during their participation in any activity, event or trip to be used, distributed, or shown as the church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers. (When used in the public realm identifying information will be used responsibly e.g. names will not be attached to specific pictures on the church web site)

(Parents' or Guardians' Signatures) Date _____

PARENTS ARE RESPONSIBLE FOR UPDATING THIS INFORMATION SHOULD CHANGES OCCUR.

Please attach a copy of current insurance card.



PO Box 27
 2330 Hinton Center Road
 Hayesville, NC 28904
 (828) 389-8336
 TF (866) 389-8336
 Fax (828) 389-3279
 www.hintoncenter.org

MISSIONS OUTREACH VOLUNTEER REGISTRATION INFORMATION – 2020

Church/Group Name _____ Dates Attending _____

Participant Name _____ Participated with HRLC before? Yes No

Address _____ Cell _____ Text? Y / N

City, State, Zip _____ Email _____

Date of Birth _____ (mm/dd/yyyy) Add me to Hinton’s email list? Yes No

MEDIA RELEASE

I hereby grant permission to Hinton Rural Life Center to use photographs, videos, social media posts, and/or any other media of me/my dependent for promotion and publicity purposes. Permission is granted for the use requested.

Signature of adult participant or parent/guardian: _____ DATE: _____

****If permission is *not* granted, it is the responsibility of the Group Leader to inform Hinton staff verbally upon arrival.**

EMERGENCY MEDICAL INFORMATION

Medical information on this form will remain confidential and will only be used if medical treatment is needed. It will be used for no other purpose.

- Have you had a Tetanus shot? Yes No If so, how recent? (*cicle one*) 0-1 years 1-5 years 5-10 years
- Medication(s) you currently take (prescribed & over-the-counter) – Please list all. _____

- Medication(s) you CANNOT take _____
- Any allergies and/or special health problems or concerns _____

*****IF VOLUNTEER IS UNDER 18 YEARS OF AGE:**

Parent/Guardian Name _____ Also at Hinton? Yes No

Cell Phone _____ Home Phone _____ Work Phone _____

Parent/Guardian Name _____ Also at Hinton? Yes No

Cell Phone _____ Home Phone _____ Work Phone _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS DOCUMENT AND KEEP A COPY OF THIS FORM IN THE VEHICLE WITH THE PARTICIPANT AT ALL TIMES.



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**MISSION OUTREACH VOLUNTEER
 CONSENT/MEDICAL CARE—AUTHORIZATION and RELEASE**

VOLUNTEER NAME (print full legal name) _____

I, the undersigned, hereby affirm to Hinton Rural Life Center, Inc. (hereinafter Hinton) that I hereby register to attend and participate in the 2020 mission trip to Hinton, located in Hayesville, N.C., sponsored by *(name of group sponsor)* _____.

AUTHORIZATION FOR MEDICAL CARE

In the event that a medical emergency befalls me during the mission trip, wherein I am unable to communicate regarding which medical facility/physician/dentist to be used and to consent to medical/dental treatment, I hereby direct that Hinton attempt to contact the following adult person(s) and that Hinton follow direction given by said person(s), regarding matters in the paragraph above.

_____	() _____	_____
Print name	Telephone number	Relation to me
_____	() _____	_____
Print name	Telephone number	Relation to me

In the event Hinton is unable to contact the individuals named above for direction/consent within sufficient time as determined by Hinton, or if the physician/dentist does not deem said person(s) named above legally capable of consenting to medical/dental treatment, I hereby authorize Hinton, its officers, employees, and agents: to select a medical facility/physician/dentist and to cause me to be transported to same and to consent to medical/dental treatment as recommended by the physician/dentist including but not limited to administration of anesthesia, diagnostic medical procedures and testing, performance of operations, and other actions, but not including withdrawing or withholding life support.

RELEASE

I acknowledge that I will be participating in mission activities including but not limited to: traveling in vehicles; home repair and rehabilitation (such as general carpentry, use of electric powered tools and hand tools, painting, climbing ladders with and without supplies, working in high places, and other construction related activities); recreational activities (such as swimming, team and individual sports, etc.); residing in Hinton facilities; dining at Hinton facilities.

I acknowledge that I have read and understand the contents of the Hinton Center Sensitivity Guidelines and that copies of same have been provided to me by the mission trip group sponsor.

I acknowledge that Hinton does not provide any medical insurance coverage for mission trip participants and that I am fully responsible for medical insurance/medical care payment for myself.

I acknowledge that Hinton is a nonprofit entity which provides facilities and mission work opportunities for religious and charitable purposes.

THEREFORE, in consideration of Hinton providing facilities and mission work opportunities for me, I hereby freely and voluntarily, on behalf of myself and my successors and assigns, RELEASE and HOLD HARMLESS Hinton Rural Life Center, Inc., its officers, directors, employees, and agents from any and all liability, legal claims of any nature: which may arise during or after the mission trip and/or which are in any way associated with, arising from, or connected with the mission trip; including but not limited to bodily injury, medical expenses, and death.

Signature of Participant: _____ **Date** _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, the Parent/Guardian (print name) _____ **affirms the information above.**

Signature of Parent/Guardian: _____ **Date** _____



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