

**PARENTAL CONSENT FORM**

*Noel United Methodist Church  
520 Herndon Street  
Shreveport, LA 71101*

**KNOW ALL MEN BY THESE PRESENTS:**

That I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, by these presents do give my permission for them to attend and participate in all Noel United Methodist Church Activities held between May 2017 through May 2018. I understand the schedule of events and know the costs involved.

I further understand that responsible adults will supervise their activities; however, I also recognize that accidents and/or illnesses occur. In the event of such accident and/or illness I recognize that it may be necessary to proceed with medical and/or dental treatment for the well being of my child. I hereby authorize the directors, employees and/or agents of Noel United Methodist Church to take my child to medical authorities and hereby authorize the attending physician, surgeon and/or dentist to exercise their professional judgment and assess the risk incident to the illness or injury and to choose the necessary treatment their professional judgment determines to be necessary for the health and well being of my child including, but not limited to, the administration of examinations, diagnostic tests and medication (including anesthetics), performance of surgery, and any and all medical and/or dental care of treatment deemed necessary, as though I personally was giving them my full approval and support. I further agree to assume responsibility for all medical bills resulting from any such medical treatment.

Further, should it be necessary for the participant to return home prior to schedule as a result of accident or illness, disciplinary action or otherwise, I hereby agree to assume responsibility for all transportation costs. I hereby release, forever discharge and agree to hold harmless Noel United Methodist Church, its directors, employees and/or agents from any and all liability, claims and demands, in the event of personal injury, sickness or death, as well as property damage and expenses of any nature or kind which may be incurred by the undersigned and the child participant that may occur while said child is participating in the above described trip or activity.

The undersigned further agrees to hold harmless said church, its directors, employees and agents for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including any expenses incurred.

Youth's Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Pager Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Medical Information:

Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Allergies and other medical information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_

**ALLERGY ALERT**

*Noel United Methodist Church  
520 Herndon Street  
Shreveport, LA 71101*

Child's Name \_\_\_\_\_

Please list all KNOWN allergies for the above-mentioned child:

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SIGNATURE OF PARENT OR GUARDIAN:

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Date

**PARENTAL AWARENESS OF PHOTOGRAPHS AND RECORDINGS**

*Noel United Methodist Church  
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I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, am aware that Noel United Methodist Church may photograph or videotape my child while he or she is participating in church activities. These images may be uploaded to Noel’s website, Noel’s Facebook page or used in publications such as Sunday morning slides or the Noel Now. They may also be used for observation, documentation, security, and publicity purposes.

SIGNATURE OF PARENT OR GUARDIAN:

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

Date