

**CITY OF NEWNAN, GEORGIA**

**NEWNAN YOUTH ACTIVITIES COMMISSION &**

**NEWNAN YOUTH COUNCIL**

STATE OF GEORGIA

COUNTY OF COWETA

**AUTHORIZATION FOR DISCIPLINE, MEDICAL TREATMENT AND RELEASE**

I, we, the undersigned, understand, acknowledge, assume and accept the risk that injuries or accidents may occur while my/our child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, travels to and from **Georgia State Capitol\_** and participates in the **Wednesday February 6, 2019 Newnan Youth Council (NYC) Field Trip\_** in connection with the Newnan Youth Council. I hereby authorize the officials of the City of Newnan Youth Activities Commission to discipline and make whatever decisions necessary to my/our child’s welfare in the discretion of said officials while my/our child travels to and from **Georgia State Capitol\_** and participates in the **Wednesday February 6, 2019 NYC Field Trip**. In the event my/our child requires medical treatment for injuries or accidents while traveling to **Georgia State Capitol\_** or while participating in the **Wednesday February 6, 2019 NYC Field Trip**. I hereby request, authorize, and consent to medical treatment as necessary for my/our child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I agree to be responsible for all medical expenses incurred in connection therewith and to reimburse the City of Newnan, Georgia in full, in the event that the City of Newnan, Georgia incurs said expenses.

I, we the undersigned, release and hold the City of Newnan, Georgia, the City of Newnan Youth Activities Commission members, Newnan Youth Council members of the City of Newnan, Georgia and the officers, employees and volunteers of the City of Newnan, Georgia, harmless from any and all liability, damages, claims, suits demands, and judgments of whatever nature for injuries to my/our child or damage to property arising out of any and all events at the  **Wednesday February 6, 2019 NYC Field Trip**. , including, but not limited to, traveling to and from the City of Newnan to **Georgia State Capitol**. I, we, the undersigned assume the risk for any and all injuries occurring to my/our child arising out of any and all events in the  **Wednesday February 6, 2019 NYC Field Trip**, including, but not limited to, traveling to and from **Georgia State Capitol**.

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

Policy Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other known Medical Condition(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father works at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother works at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Signature Date

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

Parent/Guardian Signature Date