

New United MB Church

2024 College Tour

Monday, March 11 - Thursday, March 14, 2024



Tennessee State University



University of Tennessee @ Martin



Alabama State University



Mississippi Valley State



Tuskegee University

You can now CashApp payments to the College Tour to:

\$NewUnitedCollegeTour

Please make sure to fill out the for box with the student name, school,
and grade

Cost: \$300

- **\$100 due on or by January 26, 2024**
- **\$100 due on or by February 16, 2024**
- **\$100 due on by March 1, 2024**

Mandatory Meeting, Saturday, March 1st @ 12N

@ New United

**We will also attend a Memphis Grizzlies Basketball game and
Tour the African American Music Museum**

College Tour Permission & Medical Form
March 11, 2024

Permission

_____ (student name) has my permission to travel by bus to Tuskegee University for the 2024 Fall College Tour March 11, 2024

Release

I hereby release New United Missionary Baptist Church, its staff, and volunteers from all responsibility for any injuries and/or illness to the child named above during the College tour March 11, 2024, and agree to indemnify, defend, and hold the individual staff and New United Missionary Baptist Church harmless from all claims made by the child named above arising out of injuries, illness and/or death during this trip.

Parent/Guardian Signature

Date

Guardian Consent for Medical Treatment

I, _____, legal guardian of _____, authorize
(Parent/Guardian name) (name of child)

New United Missionary Baptist Church, its staff, and volunteers to grant consent for medical treatment for this child in the case of an emergency during the College Tour, March 11, 2024, I give permission to New United Missionary Baptist Church, its staff, and volunteers to share information relevant to my child's health condition with appropriate personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's physician/counselor for the purpose of referral, diagnosis, and treatment. I assume all financial responsibility for medical costs arising from emergency medical care over and above costs covered by the personal insurance benefits provided by me for the child named above.

I give my permission for New United Missionary Baptist Church, its staff, and volunteers to administer Acetaminophen/Ibuprofen to my child.

____yes _____no

Parent/Guardian signature

Date

Emergency Contact Information

Parent/Guardian Name _____

Home Phone _____ Parent Cell Phone _____

Address _____ City _____ Zip _____

Employer (mother) _____ Work Phone _____

Employer (father) _____ Work Phone _____

Name of other emergency contact (relative, family friend) _____

Phone (home) _____ Phone (work) _____

Please Check All That Apply:

Heart Condition _____ Diabetes _____ Asthma _____ SeizureDisorder _____ ADD/ADHD _____ Migraines _____ Depression _____ Other _____

Medications/Other _____

Allergies (food, insects' medication, environment, (specify) _____

Does your child have an EpiPen? Yes _____ No _____ Last tetanus shot (date) _____

Hearing Problems (specify) right ear _____ left ear _____ Vision Problems (specify) _____

Emergency and Hospitalization Insurance (PLEASE COMPLETE FULLY)

Insurance Company _____ Policy # _____

Name of Primary Person Insured _____ Pre-admission telephone # _____

Name of Primary Physician _____ Primary Physician telephone # _____