

# PERMISSION AND MEDICAL CONSENT

Good from September 1, 2011-September 1, 2012

As a parent or legal guardian, I hereby give permission for my child to participate in youth activities organized by:

Marysville Church of the Nazarene, 1126 N. Maple St. Marysville, Ohio 43040

**Child's Full Name**

\_\_\_\_\_

Last

First

Middle

**Gender** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parent(s) or Guardian(s) Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_

**Work Phone Number** \_\_\_\_\_

*If not available in an emergency, notify:*

1. **Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Full Address** \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Full Address** \_\_\_\_\_

*Does this child have any of the following allergies?*

**Penicillin** \_\_\_\_\_

**Other Drugs** \_\_\_\_\_

**Peanuts** \_\_\_\_\_

**Other Food** \_\_\_\_\_

**Insect Stings** \_\_\_\_\_

**Anything Else** \_\_\_\_\_

Does this child have any medical or health problems, or has this child had any chronic or recurring illness or illnesses which would have an effect on the child's participation in any activity? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*If yes, describe the problems or illnesses:*

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State the name, address, and phone number of this child's family physician and any other physician who should be consulted in the event of emergency or medical problems involving this child:

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**Is there medical insurance which provides benefits for this child?** \_\_\_\_\_

*If so, please provide the following information:*

Name of Insurance Company \_\_\_\_\_

Policy Number of Insurance \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Phone Number of Insurance \_\_\_\_\_

**Indicate the date of this child's last tetanus shot** \_\_\_\_\_

**Are there any activities to be restricted for this child?** \_\_\_\_\_

*If so, describe:*

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**Is this child on any medications?** \_\_\_\_\_

**If so, please state the medication and if he/she will need to bring the medication with them on any youth event:**

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**Other information that the youth pastor or any youth volunteers might need to know concerning this child:**

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I agree to indemnify and hold Marysville Church of the Nazarene, the Northwestern Ohio District Church of the Nazarene, the General Church of the Nazarene, or any of their agencies, departments, officers, employees, members or agents from all damages, judgments, expenses, attorney's fees and claims arising out of personal injury, death, or property damage sustained in whole or in part by any or all persons whatsoever as a result of or arising out of any act or omission of guest group or attendee, or caused by or resulting from any activity or program being conducted by guest group or use of Marysville Church of the Nazarene facilities, or cancellation/closure due to natural disaster and/or emergency.

I understand that Marysville Church of the Nazarene carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations, and terms thereof may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and/or hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations, and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal medical and/or hospitalization coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in any activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's youth pastor or any adult volunteer acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental, or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems, and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

**\*\*If *any information* on this form changes, it is the responsibility of the parent or guardian to notify the Youth Pastor prior to the trip.**

***Signature of parent/guardian*** \_\_\_\_\_

***Print Name*** \_\_\_\_\_ ***Date*** \_\_\_\_\_  
(Parent/Guardian)