

KALAMA CHURCH of the NAZARENE

YOUTH MINISTRY PARENTAL CONSENT

ACTIVITY: _____

LOCATION: _____

DATE: _____

TIME: _____ TIME STUDENTS ARE TO BE PICKED UP: _____

PERSON IN CHARGE OF ACTIVITY: _____ PHONE #: _____

NAME OF MINOR _____ AGE: _____

ADDRESS: _____

NAME OF PARENT/GUARDIAN: _____

HOME PHONE: _____ BUSINESS PHONE _____

EMERGENCY CONTACTS OTHER THAN PARENTS OR GUARDIANS:

1. NAME: _____ HOME #: _____ OTHER # _____

2. NAME: _____ HOME #: _____ OTHER # _____

MEDICAL RELEASE

In the event the above-named minor suffers illness, accident, or injury, and neither parents nor guardians can be contacted, I give permission for a representative of the Kalama Church of the Nazarene to authorize emergency treatment as is deemed necessary by a licensed physician and assume responsibility for any medical bills occurred.

Should the above-named minor have to return home before the group for medical or disciplinary reasons, we assume any costs incurred.

FAMILY PHYSICIAN: _____ PHONE #: _____

PERTINENT MEDICAL INFORMATION (diabetes, allergies, medications, etc.)

Signature _____ Date _____