



Permission / Medical & Parental Consent Form

The following permission/ medical and parental consent form gives permission for my child, _____ to attend and be transported to any youth activity in or out of the state of Michigan, which includes but is *not limited to* the following: Sunday School Class Events; Winter Retreats; Momentum; Celebrate Life at Olivet Nazarene University; Cedar Point; Summer Mission Trips; Summer Events; Fall Retreat.
This form is effective for the dates of January 1, 2018 – December 31, 2020.

HEALTH HISTORY DATE OF LAST TETANUS SHOT (DPT): MONTH/YEAR ____/____

CURRENT MEDICATIONS: _____
(PHARMACY LABELED CONTAINERS PREFERRED OR MUST SEND WRITTEN INSTRUCTIONS BY PARENT OR GUARDIAN.)

ACTIVITY RESTRICTIONS: _____

INSURANCE COMPANY: _____

CLAIMS OFFICE ADDRESS: _____

CLAIMS OFFICE TELEPHONE: _____ POLICY # _____

EMPLOYER NAME & ADDRESS: _____

Parents/Guardians Names: _____

Home Phone: (____) _____ Work Phone: (____) _____

Emergency Phone: (____) _____

Emergency Contact _____ Phone: (____) _____

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I understand that my (our) child and other participants in these activities will be transported to and from said activities either via bus or private vehicle, and I (we) hereby authorize him / her to travel in whichever form of transportation is used. I (we) further acknowledge the right and necessity of said vehicle(s) to make incidental stops in route to and in return from the designated activity when determined to be necessary or desirable by representative of Central Church of the Nazarene.

I (We) understand that my (our) child and other participants in these activities have agreed to certain rules governing these activities. I (we) understand that the failure to abide by these rules by my (our) child may result in the search of his or her personal belongings and may also result in my (our) child being sent home, and I (we) agree to be responsible to pick up my (our) child if such a violation occurs at my (our) expense.

I (we) hereby release Central Church of the Nazarene, its staff, and its adult sponsors from responsibility and liability for any injury or illness that my (our) child may sustain during these activities. In the event that my (our) child is injured during these activities and requires the attention of a doctor, I (we) consent to any reasonable medical attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician or hospital refused to administer without my (our) consent, I (we) hereby authorize any adult sponsor as my (our) agent, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care 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 in a doctor's office, clinic, or in any hospital.

I (we) agree to release and hold harmless the staff and adult sponsors of Central Church of the Nazarene from any and all claims, suits, costs, and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Notarized Signature: Please contact church office for Notary at 810-235-5671.

Parent or Guardian Signature (to be signed in the presence of a Notary Public)

The following section to be completed by Notary Public

Before me, a Notary Public, in and for said county and State, this day

Of _____, _____, personally appeared and acknowledged the execution of the foregoing Permission / Medical & Civil Release Form. IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

NOTARY PUBLIC: _____

STATE OF: _____

COUNTY OF: _____

Notary Public Signature

Commission Number

Commission Expiration Date

Notary Seal:

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Picture and Video Release Form

I hereby give my consent to the noncommercial use of photographs, films, videos, audio tapes and/or artwork in which my child may appear.

I **DO NOT** give my consent to the noncommercial use of photographs, films, videos, audio tapes and/or artwork in which my child may appear.

Print Student's Name:

Date

Parent Signature:

Date