

PERMISSION TO SEEK MEDICAL SERVICE

\_\_\_\_\_ gives College Church of the Nazarene Children's workers  
(Parent/Guardian Name)

permission to seek medical services for my child (ren): \_\_\_\_\_

While in their care for the following date(s): \_\_\_\_\_

MEDICAL INFORMATION RELEASE FOR EACH CHILD:

CHILD'S NAME	D.O.B.	ALLERGIES/DISEASES/NEEDS	MEDS/DOSAGE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Parent/Guardian (1) Name: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Guardian (1) Cell Phone: \_\_\_\_\_

Parent/Guardian (2) Cell Phone: \_\_\_\_\_

Emergency contact if parents cannot be reached:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

Policy # \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

MEDICAL CONSENT/LIABILITY RELEASE: In the event of an injury or sudden onset of apparent illness, I authorize the church representative(s) to arrange for such medical services as may be deemed necessary to the welfare of the injured/sick child. I hereby release College Church of the Nazarene, all other representatives or volunteers of the church or any organization to which it is working from all liability from taking such action. I agree to release College Church of the Nazarene, church employees, representatives, volunteers or any organization to which it is working with from all liability for damages by reason of injury or property damages that may be sustained as a result of participating in the church programs/activities or child care.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)