

Chattanooga 1st Church of the Nazarene

Consent to Transport and Participate

Name of Child:

Name of Parent/Guardian(s) (*include contact information*)

Primary Address:

Emergency Contact Information and Alternate Drop Off Address

1.

2.

Our child has permission to ride the church van or with a church approved volunteer in his/her private vehicle. We understand that our child will be returned to the same address from which he/she is picked up unless otherwise instructed and agreed to by the driver. _____ *initials*

Our child has our permission to participate in church approved activities. We do hereby waive all claims against the Chattanooga First Church of the Nazarene and its agents of any and all injuries that may be sustained by our child and agree to indemnify and hold said church and person(s) in charge free and blameless from any and all liability therefore. _____ *initials*

Consent to Treat

While my child is attending a function sponsored by the Chattanooga First Church of the Nazarene, I hereby authorize the adult(s) in charge, or in his/her absence or disability, any adult accompanying or assisting him/her, to consent to the following medical treatment of said minor:

(i) provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; (ii) employ any physicians, dentists, nurses or other person whose services may be needed for such health care; (iii) review and, if necessary, disclose the contents of any confidential medical records; and (iv) execute consent forms required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child.

(signature of parent or legal guardian)

(date)

(signature of church witness)

Health History and Emergency Contact Form

Name of Child: _____

Date of Birth: ____/____/____

Is your child prone to (check those that apply):

- cold sore throat fainting spells bronchitis
 cramps convulsions allergies (list below)

Does your child have or has ever had (check those that apply):

- asthma heart trouble lung trouble sinus trouble
 hernia appendicitis appendix removed

Is your child currently under any type of medical treatment? yes / no

Please describe: _____

Is there any history of behavior disorders or emotional disturbances? yes / no

Please describe: _____

Has your child been under the treatment of a psychiatrist in the past 3 years? yes / no

Please describe: _____

Date of last tetanus shot: ____/____/____

Please list any prescriptions or over-the-counter medications currently being taken:

Medication	Dosage	Times To Be Taken

What medications may we administer? _____

_____ *initials*

Please list any drug interactions, food allergies or other allergies:

Does your child have any physical disabilities or disorders that may affect their participation in activities?

Are there any special instructions or comments relating to the questions above or to your child's health and participation in activities?

(signature of parent or legal guardian)

(date)