



**Mission Youth Ministry**  
**2026 Annual Release Form**

\*Please print legibly

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Non-Parent Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Information**

Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Restrictions/ Allergies/ Medications: \_\_\_\_\_

\_\_\_\_\_

**Parent Release:**

I, \_\_\_\_\_, give permission to Mission Church of the Nazarene to make necessary medical decisions for the well-being of my child, \_\_\_\_\_, while he/she is participating in any Mission Youth Ministry events.

**This authorization shall remain in effect from January 01, 2026 - December 31, 2026.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Multi-Media/Photographic Release:**

I, \_\_\_\_\_, authorize Mission Church of the Nazarene and Mission Youth Ministry to use photos of my child, \_\_\_\_\_, on forms, brochures, and internet for promotional purposes of future events. Photos of my child shall remain the exclusive property of Mission Church of the Nazarene and Mission Youth Ministry and shall be used without notice or compensation.

☐ I opted out of photos being used of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_