

ENROLLMENT FORM (PRINT PLEASE)

Name (First & Last)

Date of Birth

Cell Number (required)

E-mail Address

Adult 1: _____

Adult 2: _____

Home Phone : _____ Address: _____

Marital Status: Single Married Divorced Widowed

Please list other adults or teens who may pick up your children:

CHILD(REN) INFORMATION

Name (First & Last)

Gender

Date of Birth

Allergies / Special Info

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____

MEDICAL RELEASE

I _____, am the parent or legal guardian of the child or children listed above, hereinafter referred to as "my child".
Print Name of Parent or Legal Guardian

My child is attending and participating in children's ministry activities of McMinnville First Church of the Nazarene, hereinafter referred to as Church on the Hill, located at 700 NW Hill Rd, McMinnville, OR 97128, beginning the day of _____.
Today's Date (MM/DD/YYYY)

I hereby authorize the Family Ministries Pastor and his/her officers, agents, servants or employees who are 18 years of age or older, who supervise the children's activities at Church on the Hill into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent for my child to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of, or to be rendered by, a physician and surgeon licensed under the **Medical Practice Act**.

The authority granted by this authorization also includes the authority to consent for my child to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the **Dental Practice Act**.

Parent/Legal Guardian

Home Phone

Cell Phone

Address

City/State/Zip

Medical/Health Insurance Company

Policy No.

Emergency Contact Name

Phone Number

Relationship to Minor

Allergies/Allergic Reactions of My Child

Medicine Being Taken By My Child

Other Information Regarding My Child's Health That A Doctor Should Know

It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required, but is given to provide the authority and power on the part of the Family Ministries Pastor and his/her authorized designee to exercise his/her best judgment on what is advisable for my child's care, upon advise of such physician, dentist or surgeon.

Signature of Parent/Legal Guardian

Today's Date (MM/DD/YYYY)