

PARENTAL CONSENT TO PARTICIPATE AND AUTHORIZATION FOR  
EMERGENCY TREATMENT OF MINOR

Tempe Nazarene Church  
3929 S Rural Road, Tempe, AZ 85282 480-838-2887

**Form Effective Date: February 2016 – January 2017**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

Cell/Work Phone (Mom): \_\_\_\_\_

Cell/Work Phone (Dad): \_\_\_\_\_

Emergency Contact Person (other than parent or guardian):

\_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Allergies? \_\_\_\_\_

Drug Allergies? \_\_\_\_\_

Medication now being used by student: \_\_\_\_\_

Past history of serious lacerations, injuries, and/or illness:

**DOCTOR/DENTIST**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**PARENT/GUARDIAN PERMISSION FORM**

Anyone under the age of 18 must have this section complete

My signature below indicates my permission for my child \_\_\_\_\_ to go on trips and activities while participating in an official event of Tempe Nazarene Church (TNC), whether by foot or by vehicle. I give permission for my student to participate in all trips and activities except the following:

\_\_\_\_\_

My signature below also indicates that I understand that some of the activities will take place off of the TNC campus and I therefore give my permission for my child to be transported by the church or its leaders to such activities. I give permission for TNC to use my child's picture or video for publicity purposes.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**MEDICAL TREATMENT AUTHORIZATION**

In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider of dentist. My child may be examined and any necessary procedure (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

**I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such injury.**

I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me. My signature indicates that I have read and approve the medical treatment authorization.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**LIABILITY RELEASE FORM**

I, \_\_\_\_\_, understand that every necessary precaution has been taken to ensure the safety of each student, counselor and staff. I release the Church of the Nazarene and any other sponsoring youth activities from legal suit, due to injuries that may occur during church related activities

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2016

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission expires

**FORM MUST BE NOTARIZED**