

**Owego First Church of the Nazarene**  
**Nazarene Youth International**  
**3732 Waverly Road, Owego, NY 13827**

I, the parent and/or guardian of **the following child:**

\_\_\_\_\_

do grant permission for the above to attend all youth group activities and events understanding that adequate supervision will be provided, we do recognize, however, that unanticipated situations and problems can arise on any activity or trip, church sponsored or otherwise, which situations or problems are not reasonable in the control of the supervising adult or staff including volunteers. Furthermore, I agree to release and hold harmless and waive any and all claims against the Owego First Church of the Nazarene or any of its agents, officers, employees and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expenses (including attorney fees and costs) arising from such activities, including any accident or injury to above applicant and the cost of medical services above the amount of current coverage.

In the event of a medical emergency requiring medical treatment, I hereby grant permission to the supervising staff including volunteers to attend to my son or daughter. If the medical emergency requires additional medical treatment, every and all efforts will be made to contact the parent or guardian to allow for specific authorization to be taken before action. If efforts to contact parent or guardian are unsuccessful I hereby grant permission to the supervising staff and volunteer[s] permission for necessary medical treatment to be given. In addition I hereby give my permission to the supervising staff and volunteer[s] to take my child to a physician, dentist or to the hospital if an accident or serious illness occurs and the parent or guardian cannot be contacted or located.

**Name of parent/guardian** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

**Insurance Information**

Name of Carrier \_\_\_\_\_

Group/policy number \_\_\_\_\_

Responsible agent \_\_\_\_\_

Responsible party/parent or guardian policy is under \_\_\_\_\_

Exclusions \_\_\_\_\_

**Medical Information**

My child is allergic to the following medication(s) and/or item(s):

\_\_\_\_\_

Medications currently taken on a regular or "as needed" basis. List dosage and schedule

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

By affixing my signature below I certify the above is true and correct and that I give permission for the treatment of my child in the event medical treatment is deemed necessary by the person responsible named on this sheet.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_