

Parental Consent Form 2014

Effective dates: 1 January 2014 to 31 December 2014

Please print in ink

Name: _____

LAST

FIRST

MIDDLE

Age: ____ Birthday: _____ Male Female E-mail: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

Medical insurance company: _____

Policy #: _____

Mother's name: _____

- Phone: Home: (____) _____ Work: (____) _____

Father's name: _____

- Phone: Home: (____) _____ Work: (____) _____

Legal Guardian's name: _____

- Phone: Home: (____) _____ Work: (____) _____

Emergency contact (*if different than above*):

- Phone: Home: (____) _____ Work: (____) _____

Physician: _____

- Office phone: _____

Dentist: _____

- Office phone: _____

Allergies: _____

Medications: _____

Parental Consent Form 2014

Upon signing this form, I give permission for our (my) child, _____, to attend and participate in all youth activities attended and/or sponsored by the Central Church of the Nazarene.

This consent form gives permission to seek whatever medical attention deemed necessary, and releases the Central Church of the Nazarene and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to participate in events being attended or organized by the Central Church of the Nazarene. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Central Church of the Nazarene, its directors, employees, counselors, and other volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Central Church of the Nazarene, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

Pastor Chad W. Wintringham

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