

**Church of the Nazarene Youth Group**  
**Henderson, TX**  
PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Youth Group of Henderson Church of the Nazarene, (Henderson, TX). I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Henderson Church of the Nazarene.

**Medical Release**

I hereby authorize the Youth Group leaders, volunteers, Henderson Church of the Nazarene, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

**Custody Release**

I further authorize the Youth Group leaders of Henderson Church of the Nazarene of (Henderson, TX) to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

**Activity Release**

I further give permission for my child to participate in all activities sponsored by the Youth Group or Henderson Church of the Nazarene, except as noted: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian\_\_\_\_\_  
Printed name of Parent or Guardian\_\_\_\_\_  
Date**EMERGENCY CONTACT INFORMATION****Parent(s)/Guardian(s)**\_\_\_\_\_  
Name(s)\_\_\_\_\_  
Street Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip\_\_\_\_\_  
Phone Numbers\_\_\_\_\_  
Phone Type  
(Home, Mobile, etc.)\_\_\_\_\_  
Parent(s)/Guardian(s) Email address(es)\_\_\_\_\_  
Email address(es)**Other Emergency Contact(s)**\_\_\_\_\_  
Name(s)\_\_\_\_\_  
Relationship to Participant

**Church of the Nazarene Youth Group**  
**Samuel Townsley, Director of Youth Ministries**  
**PO Box 367, Henderson, TX 75653**  
**903-657-4362**

Health Care Information

Participant Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

PhysicianDentist

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Please list any allergies to drugs, foods, plants, insects, etc: \_\_\_\_\_

Does your child wear glasses or contacts? \_\_\_\_\_

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

For your child's safety and our knowledge, is your child a good, fair or non-swimmer? \_\_\_\_\_

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures): \_\_\_\_\_  
\_\_\_\_\_Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child: \_\_\_\_\_  
\_\_\_\_\_Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have received this parental consent form to both inform you and to request your permission for your child's photo/image and name to be published on hendersonnaz.org and/or www.nazuth.weebly.com. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Henderson Church of the Nazarene, and such rescission will take effect upon receipt.

Check one of the following choices:

\_\_\_\_\_ I/We GRANT permission for a photo/image that includes this youth to be published on the Henderson Church of the Nazarene public website or the Church of the Nazarene Youth website.

\_\_\_\_\_ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on the Henderson Church of the Nazarene public website or any site operated by Henderson Church of the Nazarene.