

Kankakee First Church of the Nazarene 2016-2017

My, child, _____ has my permission to attend all activities associated with the ministries of Kankakee First Church of the Nazarene for the year _____.

Authorization to consent to treatment of minor

We (I) the undersigned parent(s) of _____ a minor, so hereby authorize First Church of the Nazarene as agent(s) for the undersigned to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon under license, under the provisions of the Medicine Practice Act on the medical staff of any Clinic or Hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital or clinic.

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 authority and power on the part of the aforesaid agent(s) to give specific consent to any physician in the exercise of his best judgment may deem advisable.

Approval of parents or guardian and waiver of claim

I hereby approve this application and certify to its correctness and expressly waive all claims against the First Church of the Nazarene, or any of its boards or representatives because of any injury or other damage that may be incurred to the applicant named on this paper or said applicant's property in connection with or incident at church authorized and sanctioned functions.

Signature of parent/guardian _____

Address: _____

Phone # _____ Work phone: _____

In case of emergency please notify: _____ Phone: _____

Insurance Number: _____ Insurance Company: _____

Family Doctor: _____ Phone: _____

The following individuals may pick up my child from events/activities/ministries associated with Kankakee First Church of the Nazarene.

- | | |
|----------|-------------|
| 1. _____ | Phone _____ |
| 2. _____ | Phone _____ |
| 3. _____ | Phone _____ |
| 4. _____ | Phone _____ |

_____ (Parent(s) Initials) I/WE GRANT permission for a photo/image that includes this minor to be published on church promotional and communication materials and public internet sites associated with activities of this Church

THIS FORM IS TO BE FILLED OUT BY THE PARENT ONLY!!!!

Minor's name: _____

Please indicate any of the following information that pertains to minor

- | | | |
|---|--|--|
| <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Eye glasses | <input type="checkbox"/> Hyperventilate | <input type="checkbox"/> Sleep wetting |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Heart _____ | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Kidney _____ | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Asthma |

Other physical or emotional conditions and/or disabilities _____

A medication minor is currently taking and for what purpose (include inhalers) _____

Past Surgeries _____

Fears that may be of concern _____

Food allergies _____

Medical allergies _____

Animal/insect/ environmental allergies _____

Date of last tetanus shot _____ Is Minor able to swim _____

Other important information _____

Parent's Signature: _____ **Date:** _____