

# Kankakee First Church of the Nazarene 2017-2018

My, child, \_\_\_\_\_ has my permission to attend all activities associated with the ministries of Kankakee First Church of the Nazarene for the August 2017-July 2018 school year.

## Consent for 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 of 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.

Student name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

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

### Please indicate if any of the following conditions pertain to the minor:

Contact lenses       Hyperactivity       Eye glasses       Hyperventilation       Braces  
 Heart \_\_\_\_\_       Hearing aid       Diabetic       Learning disability       Kidney \_\_\_\_\_  
 Other physical/emotional conditions and/or disabilities: \_\_\_\_\_

### Please indicate any medication(s) the minor is currently taking and for what purpose (include inhalers):

\_\_\_\_\_

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

1. \_\_\_\_\_ Phone \_\_\_\_\_      3. \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Phone \_\_\_\_\_      4. \_\_\_\_\_ Phone \_\_\_\_\_

## Approval of Parent/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** \_\_\_\_\_

\_\_\_\_\_ (Parent Initials) I 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.