

**Permission and Medical Release Form 2011-2012**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend any and all excursions held by the Youth Department's, First Church of the Nazarene, Webster Groves, MO sponsored event during the church fiscal year (July 1<sup>st</sup> 2011 - June 30<sup>th</sup> 2012).

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

**MEDICAL RELEASE**

The Youth Department Sponsor of any or all excursions held by the Youth Department, First Church of the Nazarene, Webster Groves, MO has my permission to sign for emergency treatment that is needed to correct the emergency problem. The First Church of the Nazarene will be responsible to get in contact with the parents as soon as possible if a medical need arises for \_\_\_\_\_ during a scheduled activity.

Allergies \_\_\_\_\_

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

Regular Doctor # \_\_\_\_\_

Phone \_\_\_\_\_

Insurance \_\_\_\_\_

Date \_\_\_\_\_

Group or ID # \_\_\_\_\_

Social Security # \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2011, before me \_\_\_\_\_, a Notary Public in and for the state of Missouri, personally appeared \_\_\_\_\_, known to me to be the person who executed the within instrument and acknowledged to me that he/she execute the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the \_\_\_\_\_ and state a foresaid, the day and year first above written.

\_\_\_\_\_  
Notary Public

My Commission expires: