

Permission and Medical Release Form 2016-2017

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 (April 1st 2016 – March 31st 2017).

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 _____, 2016/17, 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: