

**EASTSIDE CHURCH OF THE NAZARENE  
YOUTH PERMISSION SLIP  
2011-2012**

**I give my son/daughter \_\_\_\_\_ permission to go with the Eastside Church of the Nazarene Youth Group on general outings for the church calendar year of 2011-2012.**

**This permission slip will cover all activities held at the church and away from the church, including traveling in the church van, or other designated transportation.**

**By signing this permission slip I understand that I have given Eastside Church of the Nazarene permission to take my son/daughter with them.**

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**(Parent/Guardian Signature)**

**EASTSIDE CHURCH OF THE NAZARENE  
YOUTH MEDICAL EMERGENCY FORM  
2011-2012**

**IN CASE OF MEDICAL EMERGENCY**---- I understand every effort will be made to contact parents or guardian of teen. In the event I cannot be reached, I hereby give permission to the physician selected by the Youth Sponsor in charge to hospitalize, secure proper treatment for, and to order: injections, anesthesia or surgery for my teen.

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

Family Physician: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospitalization Policy # \_\_\_\_\_

I also give my teen \_\_\_\_\_ permission to participate in any physical activities lead by the teen group.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**MEDICAL/HEALTH INFORMATION** (If necessary, use a separate paper to answer the following)

1. Date of last Tetanus Booster: \_\_\_\_\_
2. Allergies: \_\_\_\_\_
3. Has teen experienced problems with Asthma? \_\_\_\_\_
4. Has teen had (circle all that apply)  
Measles      Mumps      German measles      Chicken Pox  
Other: \_\_\_\_\_
5. Are there any activities the teen must avoid? \_\_\_\_\_
6. Is the teen on any medication? Yes or No  
Explain: \_\_\_\_\_
7. Is the teen allergic to any medication? \_\_\_\_\_  
Explain: \_\_\_\_\_

**PERMISSION TO AUTHORIZE MEDICAL SERVICES**  
(Please read carefully and sign)

This application is complete and accurate as far as I know. I hereby give permission for the teen named on this application to participate fully in all activities except as noted. In the event of illness or injury, I also give permission for the health professional selected by the Youth Group Leaders to order such necessary tests and treatment as deemed to safeguard the health of my teen and in the event I cannot be reached in an emergency, I authorize the physician selected by the leaders to hospitalize, secure proper treatment for, and order injections and/or anesthesia/or surgery for my teen named.

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

**EASTSIDE CHURCH OF THE NAZARENE  
GENERAL INFORMATION AND EMERGENCY CONTACT  
2011-2012**

**TEEN INFO:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_  
City State Zip Code

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Graduation Year: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

**PARENT/GUARDIAN INFO:**

Address: \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_  
City State Zip Code

Day Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**EMERGENCY CONTACT:**

Emergency Contact Name: \_\_\_\_\_

Relationship to Teen: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_