

Hillsboro Nazarene Church

Youth Department Parental Authorization Form

I, _____ am the parent or guardian of _____,
(Name of Parent or Guardian) (Name of Minor)
hereinafter, "my child", who was born on _____, _____.has my permission to participate in the activities sponsored by the Hillsboro Nazarene Church from June 1, 2010 to May 31, 2011.

I, the undersigned do hereby authorize _____ or such substitute as he
(Youth Pastor)
may designate as agent for the Undersigned, to consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

I the undersigned expressly waive any and all claims against Hillsboro Nazarene Church and any of its staff, boards and leaders, because of illness, injury or damage to the person or property of the aforementioned student in connection with Church-sponsored activities.

I the undersigned do further state that I hereby grant the aforementioned youth leader full power and authority to control and discipline the aforementioned student, but that such authority shall not extend to or include any form of corporal punishment.

I further understand that alcoholic beverages, drugs and any form of tobacco products are strictly forbidden. In the event that a student is found with any of these items, he or she will be sent home at the parent or guardian's expense. I also understand that any form of PDA is deemed inappropriate and creates an atmosphere not conducive to spiritual growth. In addition, any disrespectful and negative attitudes on the part of the student may result in the student being sent home at the parent or guardian's expense.

Parent or Guardian Signature: _____ Date: _____

In case of an emergency, I can be reached at the following numbers:

_____ (Home) _____ (Cell) _____ (Work)

Secondary Emergency Contact: _____
(Phone Number)

Insurance Company: _____

ID Number: _____ Group Number: _____

MORE ON BACK 

Family Physician: _____ Phone: _____

Are there any food or medical allergies that the Youth Pastor should be aware of:

Please list: _____
