

# PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate in Family Ministry Activities organized by:  
Hilltop Church of the Nazarene, 21260 Haggerty Rd., Northville, MI 48167

Child's Full Name \_\_\_\_\_

Sex \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

If not available in an emergency, notify:

1. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

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

or 2. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Does this child have any of the following allergies:

Penicillin \_\_\_\_\_ Other: \_\_\_\_\_

Other Drugs \_\_\_\_\_

Insect Stings \_\_\_\_\_

Ivy Poisoning, etc. \_\_\_\_\_

Hay Fever \_\_\_\_\_

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses that would have an effect on the child's participation in any activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the problems or illnesses \_\_\_\_\_

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child:

State the name, address, and phone number of this child's dentist (and orthodontist if applicable):

Is there medical or hospitalization insurance which provides benefits for this child? \_\_\_\_\_ If so, please indicate:

Name of Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy No. of Insurance Policy \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Phone No. of Insurance Co. (\_\_\_\_\_) \_\_\_\_\_

Indicate the date of this child's last tetanus shot \_\_\_\_\_

Are there any activities, such as strenuous activities, to be restricted for this child? \_\_\_\_\_ If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

Is this child on any medications? \_\_\_\_\_ If so, please state the medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If so, will this child be bringing to any activity the medications that he/she should be taking? \_\_\_\_\_

Describe any dietary restrictions that this child is required to observe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other comments or suggestions from the parent or guardian concerning this child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- I give permission for my child/teen to participate in field trips, outings, and events sponsored and organized by the Hilltop Church of the Nazarene.
- I give Hilltop Church of the Nazarene permission to seek whatever medical attention is deemed necessary for my child/teen while participating in field trips, outings, or events.
- In the event that medical attention is needed for my child/teen while participating in a field trip, outing, or event, I agree that I will be ultimately responsible for the cost of such medical care to the extent not covered by our health insurance provider.
- Should any injury occur to my child/teen during or as a result of any field trip, outing, or event, I agree to indemnify and hold harmless Hilltop Church of the Nazarene and its staff and volunteers.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_