

PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate in Youth Activities organized by:
Lima Community Church of the Nazarene, 2945 N. Cole, Lima, OH 45801

Child's Full Name _____
Last First Middle

Sex _____ Birthday _____ 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, which 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 _____

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 agree to indemnify and hold Lima Community Church of the Nazarene, Northwestern Ohio District Church of the Nazarene, the General Church of the Nazarene, or any of their agencies, departments, officers, employees, members or agents from all damages, judgments, expenses, attorney's fees and claims arising out of personal injury, death, or property damage sustained in whole or in part by any or all persons whatsoever as a result of or arising out of any act or omission of guest group or attendee, or caused by or resulting from any activity or program being conducted by guest group or use of Lima Community Church of the Nazarene facilities, or cancellation/closure due to natural disaster and/or emergency.

I understand that Lima Community Church of the Nazarene carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and/or hospitalization insurance available to my family will provide primary coverage and the ministries medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in any activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

*This Permission And Medical Consent form is valid for up to one year from the notarized date below.

If **any information on this forms changes, it is the responsibility of the parent or guardian to notify the Youth Pastor prior to the trip.

Signature _____ Date _____
(Parent or Guardian)

Print Full Name _____ Date _____

Subscribed and sworn to in my presence by _____ this _____ day of _____

In the county of _____ State of Ohio.

My commission expires _____ X _____
NOTARY PUBLIC