



This authorization is to be effective from:

**June 1, 2018 thru
May 31, 2019**

Connecting Point Church (CPNAZ)
Medical Release & Permission Form
(17 years old and under)

(PLEASE PRINT IN BLUE OR BLACK INK ONLY)

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____ M or F
Age _____ Date of Birth ___/___/___ Grade _____ Email Address _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Day Phone _____ Evening Phone _____
Father's Name _____ Day Phone _____ Evening Phone _____
Parent's Email Address _____
Emergency Contact _____ Phone # _____
Physician _____ Phone # _____
Dentist _____ Phone # _____
Medical Insurance Company _____ Policy # _____

MEDICAL HISTORY

Check the following areas of concern for this student:

1. For your child's safety and our knowledge, is your child a:
___ Good Swimmer ___ Fair Swimmer ___ Non-swimmer
2. Does your child have allergies to: ___ Pollen ___ Medications ___ Food ___ Insect Bites ___ Other
(Please list allergies below)

3. Does your child suffer from, or is being treated currently from any of the following: ___ Asthma ___ Diabetes
___ Heart trouble ___ Epilepsy/Seizure Disorder ___ Frequently upset stomach ___ Physical handicap ___ Hemophilia
4. Does your child wear: ___ Glasses ___ Contacts
5. Should this child's activities be restricted for any reason? Please explain: _____

FOR YOUR PROTECTION THE EXPRESSED RULES OF CONDUCT AS FOLLOWS

- No possession or use of alcohol, drugs or tobacco
- No fighting
- No weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls sleeping quarters and no girls in boys sleeping quarters

WE DO EXPECT YOU TO:

- Participate with the group
- Respect the property
- Respect one another as well as the staff and volunteers
- Respect and comply with the event schedules

PARENTS WILL BE CONTACTED AND INVOLVED IF THE STUDENT IS UNABLE TO COMPLY WITH THE RULES

I, the student have read the rules of conduct, the evaluation of my health and permission to participate in children's/students ministry activities. I agree to abide by the stated personal limitations and rules of conduct. Parents signature is required if child is unable to sign.

Student Signature: _____ Date: _____

ACTIVITIES

Students Name: _____ has my permission to attend all activities sponsored by Connecting Point Church of the Nazarene.

***NOTE* If you desire to limit your child's participation in any event, please submit your wishes in writing to the ministry pastor in charge of the event prior to that event.** _____ Guardian Initials

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Connecting Point Church of the Nazarene and its staff and volunteers of any liability against personal losses of the named child or youth on this medical release form.

I/We the undersigned have legal custody of the child's name above, a minor, and have given our consent for him/her to attend events being organized by CPNAZ Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release CPNAZ Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or a hospital designated by CPNAZ Church, I/We agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care, should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate as of this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expenses should they become ill or if deemed necessary by the Student/Children's ministries staff member.

Parents/Legal Guardian Signature: _____ Date: _____

NOTE: PLEASE NOTIFY THE CHURCH OFFICE REGARDING ANY CHANGE OF STATUS IN THIS FORM AS SOON AS POSSIBLE

Connecting Point Church of the Nazarene
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