

Health & Medical Information

Date of last Tetanus:

Allergies (Environmental or medication):

Does your child have any health issues that we need to be made aware of? Please explain.

Is it okay for the Youth Pastor or Youth Worker to administer Ibuprofen to your child for something minor, such as a headache?

YES NO

If YES, would you like to receive a phone call prior to your child receiving Ibuprofen?

YES NO

Student's Health Insurance Carrier:

Policy Number:

Does your coverage require that you get prior authorization before non-life threatening treatment is provided?

If yes, please provide appropriate contact information below.

Permissions

I give _____ permission to participate in activities and events with Eastside Church of the Nazarene. I hereby authorize my student to be transported by the Youth Pastor or a Youth Worker to youth events and activities. By signing this permission slip, I understand that I have given my student permission to participate in 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 am giving Eastside Church of the Nazarene permission to transport my son/daughter.

Signature:

Date:

In the event of medical emergency, I hereby give permission to the Youth Pastor or a Youth Worker to authorize emergency medical services for my child in the event of accident or injury, and I release them from any and all liability in the event of accident, injury and theft. I understand that every effort will be made to contact me and/or my emergency contact if such arises.

Signature:

Date: