

Parental Permission and Medical Authorization Form



Church of the Nativity * 1530 Colvin Boulevard * Buffalo, NY 14223-1118 * (716) 875-3365

Participant's Name

First Last

Participant's Birth Date

/ /
MM DD YYYY

Participant's Address

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

United States ▼

Country / Region

Primary Phone Number

- -
####

Participant's Email or Text Number

Emergency Contact Information

Parent(s) / Guardian(s) Name

First Last

Parent(s) / Guardian(s) Primary Phone Number

- -
####

Parent(s) / Guardian(s) Secondary Phone Number

- -
####

Parent(s) / Guardian(s) Email

Parent(s) / Guardian(s) Household Address (if different than the participant's above)

Street Address

Address Line 2

City

State / Province / Region

United States ▼

Postal / Zip Code

Country / Region

Other Emergency Contact Name

First Last

Other Emergency Contact #1 Phone

- -
####

Relationship to Participant

Health Care Information

Physician

Physician's Phone

- -
####

Medical Insurance Company

Policy/Group Number

Name of Policy Holder

First

Last

Dentist

Dentist's Phone

 - -

####

Dental Insurance Company

Dental Policy/Group Number

Name of Policy Holder

First

Last

Please list any allergies to drugs, foods, plants, insects, etc:

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in youth activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; mental health concerns, learning disabilities, any restrictions, etc.):

I give permission for my child (named above) to attend all supervised events, field trips, and service projects associated with the Youth Group of the Church of the Nativity UCC of Buffalo, New York. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by the Church of the Nativity.

Medical Release

In the event of an emergency and I am unable to respond, I authorize the Youth leaders or staff of the Church of the Nativity UCC, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical/dental treatment and necessary transportation advisable for the health and safety

of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care, under the supervision and upon the advice of a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act, for my child. I understand that I am responsible for payment of treatment.

Custody Release

I further authorize the youth leaders of the Church of the Nativity UCC of Buffalo New York to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Photo Release

I also give permission to photograph and record (digitally and analog) my child and to use his/her image and sound prints in promotional materials for Church of the Nativity.

Signature of Parent or Legal Guardian
(Type in your full name to constitute your full legal permission for all information provided on this form)

Today's Date

/ /
MM DD YYYY

Information provided on this form will be kept strictly confidential.
Please press the "Submit" button below to file your information with our office. Thank you.