

**PARENTAL PERMISSION FORM**

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Emergency Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby give my permission for my child, named above, to attend the event listed above by Chelan Church of the Nazarene on the dates listed above. I authorize any of the Youth Staff of Chelan Church of the Nazarene to act on my behalf in any emergency situation including those requiring medical attention.

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Medical Information**

Doctor's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Previous/ Current Medical Conditions: \_\_\_\_\_

Other information \_\_\_\_\_

**Insurance information:**

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Phone number: \_\_\_\_\_