

Portland Nazarene Teen Ministries

Annual Permission Slip 2015-16

Teen Information:

Name: _____

School: _____ Grade (Fall 2015): _____

Address: _____ City, State, Zip: _____

Student E-Mail: _____

Home Phone: _____ Cell Phone: _____

Student's Health Insurance Carrier: _____

Student's Policy Number: _____ Phone _____

Student's Birth Date: ____/____/____ Last Tetanus Injection: ____/____/____

Current Medications: _____

Allergies: _____

Doctor Name: _____ Doctor Phone: _____

Any Special Medical, Physical, or Behavioral Instructions: (Please use other side for details)

(Teen's Full Name) _____ has the permission of the undersigned to participate in Portland Nazarene Teen Ministry events where he/she is driven by someone other than his/her parent or guardian. This form is effective from September 1, 2015 – August 31, 2016. In the event of an emergency affecting the health or welfare of this participant, the directors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. Any medical expenses occurring will be borne by the participant, or parent/guardian of the participant. The undersigned hereby releases and discharges Portland Church of the Nazarene and all of its directors, leaders, and adult chaperones acting officially from any and all claims, demands, actions, or causes of action on account of any injury or loss sustained by the participant. If any conduct of the participant warrants dismissal from an event, the undersigned assumes all responsibility for disciplinary action and transporting said participant upon notification by the director, leader, or adult chaperone. Should it be necessary for the participant to return home due to any reason, the undersigned hereby assumes all transportation costs.

Parent/Guardian Signature: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Mother's E-Mail: _____ Father's E-Mail: _____

In the event that I/we cannot be reached, an emergency call may be made to the following person:

_____ Contact Number: _____