Emergency Medical Release Form and Permission Slip

NCO District Preteens in Action Day - P.I.A.

In the event that our child_____ becomes ill or sustains an injury while on an authorized and chaperoned outing from: North Central Ohio District Church of the Nazarene:

602 Martinsburg Road Mount Vernon Ohio 43050 (740)397-5740

(Street) (City) (state) (zip) (phone)

I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid. I also consent to diagnosis, treatment and hospital care, or specialized supervision upon the advice of a dully licensed physician and or surgeon. I understand that this consent will apply to all emergency situations, and that a copy of this form is as valid as the original. With my signature, I hereby validate this form and do expressly waive any and all claims against NCO District Church of the Nazarene and/or any of its Boards and/or any of its representatives, because of illness, injury, or damage to the person or property of the above named in condition with, or incident to, the NCO District P.I.A. Day.
Date: _____

(Signature of parent/guardian) _____

Parent/Guardian Name(s)

_____

Emergency Contact Numbers: Parent Cell # _____

Alternative Emergency Contact Number: (In the event that a parent cannot be reached)

Name: _____ Phone #: _____
List of Allergies or medical concerns: _____

_____
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Child's Travel Permit _____ has my permission to travel by means of church van, bus, or other church-provided transportation at any time on Saturday July 15th 2017

_____

(Signature of parent/guardian)

T-shirt Size

YS [] AS [] YM []

AM [] YL [] AL []

PRETEENS in Action

NCO District Church of the Nazarene

602 Martinsburg Road Mount Vernon, OH 43050

(740) 397-5740

ncodistrict@mvnu.edu www.ncodistrict.org

Mail checks payable to NCO with forms to Trevor Lanz, 807 Coshocton Ave., Mount Vernon, OH 43050