

Medical Release & Permission Form

For Oroville Church of the Nazarene
Student Ministries & The Axiom Youth Center

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4. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should your child's activities be restricted for any reason? Please explain:

We expect all of the students in our care to follow our given rules of conduct, which include:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive clothing
- Respect of property
- Respect one another, staff, and adult leaders

Students who choose NOT to follow the given expectations may be sent home at their parents' expense.

I, the student, have read and understand what is expected of me, the above evaluation of my health, and choose to participate in youth group activities. I agree to abide by the stated rules and code of conduct.

Student signature: _____ Date: _____

This consent form also gives permission to seek whatever medical attention is deemed necessary, and releases the Oroville Church of the Nazarene, The Axiom Youth Center and its staff of any liability against personal losses of named child. This form also gives us permission to transport said student to and from any official events hosted/promoted by the Oroville Church of the Nazarene or The Axiom Youth Center.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church/Axiom. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church/Axiom, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church/Axiom, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. **I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.**

Parent/guardian signature: _____ Date: _____

For questions, contact 533.7464 ext. 205
www.thenaz.net