Central Gulf Coast CMI

Praise Park Ministries Church of the Nazarene Children's Department Permission Form, Liability Release and Authorization for Medical Treatment for 2025

 am the parent or legal guardian of hereinafter, "my child", who was is a minor. I give my permission and approval for my child to participate in the activities associated with the ministries of the Central Gulf Coast District Nazarene Children Ministries International (CMI) of the Church of the Nazarene, which includes Praise Park Ministries. I understand that some of the activities may be physically strenuous. I release the Central Gulf Coast CMI, Praise Park Ministries Church of the Nazarene, Praise Park Ministries of the Nazarene Children's Department, its council members, agents and adult chaperones/volunteers, from responsibility for accidental injury, including death or illness, while engaged in a sponsored activity.

In the event that my child becomes ill or sustains an injury while participating in these activities, I give permission to the council members, agents or adult chaperones/volunteers, to administer first aid. In the event of an emergency, I hereby give permission and authorize a physician and/or dentist to secure or administer emergency medical treatment including X-ray examination, anesthetic, medical, dental} or surgical diagnosis and treatment including hospital care if necessary and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed dentist, physician and/or surgeon. I understand that this consent will apply to all emergency situations and copy of this form is as valid as the original.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority to the council members, agents or adult chaperones/volunteers, to consent to treatment in the exercise his/her best judgment on what is advisable for my child's care upon advice of such physician, dentist, or surgeon. I agree to remain fully liable and responsible for the payment of such treatment. When treatment is completed: I specifically instruct any treating health care provider to release physical custody of my child to the council member or adult chaperone/volunteer, who presents my child for treatment. I understand that the Central Gulf Coast (CMI), Praise Park Ministries, its council members, agents and adult chaperones/volunteers are not responsible for the loss of or damage to personal belongings brought to the activities by my child.

I, the undersigned, do hereby verify that the health information contained on the back of this document is correct and I do hereby release and forever discharge the Central Gulf Coast (CMI), Praise Park Minstries, its council members, agents and adult chaperones/volunteers, from any and all claims, demands, actions or causes of action, past, present or future arising out of any accidental injury, including death or illness, or loss of property while participating in these activities. I agree to indemnify the Central Gulf Coast (CMI) and Praise Park Ministries a Church of the Nazarene for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in these activities.

This authorization shall remain in effect through January 1, 2026 unless revoked in writing,

Signature of parent or legal guardian

Date

Home Church: Praise Park Ministries

Central Gulf Coast CMI

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Additional Information



Name of minor DOB

Parent / guardian



Address City State Zip



Home Phone Work Phone Cell Phone



Medical I health insurance company Insurance policy no.



In case of emergency, notify parent or guardian Relationship to minor

Allergies / allergic reaction of my child

Medicine being taken by my child

Other information regarding my child's health that a doctor should know

Yes No

I give permission for my child to be photographed and/or videotaped during normal event activities. I give permission to the Central Gulf Coast (CMI), Praise Park Ministries a Church of the Nazarene, and its council members and agents to use these photographs and videos for the purpose of promoting the ministry activities of the Central Gulf Coast (CMI) and Praise Park Ministries a Church of the Nazarene.

This authorization shall remain in effect through January 1, 2026 unless revoked in writing,

Signature of parent or legal guardian

Date