

MidSouth District Nazatween Permission Form / Medical Release

We hereby grant permission for our son/daughter to participate in the 2016 MidSouth District Preteen Retreat held on **January 29st-January 30st, 2016**. This permission includes transportation to and from the event and necessary transportation to and from activities during the event. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, activity, or event, which are not reasonably within the control of the supervising staff or volunteers. We further agree to release and hold harmless the MidSouth District Church of the Nazarene, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising leader(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising leaders(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a child must return home independently for reasons of health, accident, failure to conform to rules established by the leader in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the child and parent(s) understand and agree to the guidelines for this event.

Child Name (please print)	Parent or Guardian (signed)	Date
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Home Phone _____

Work Phone _____

Cell Phone _____

Email: _____

Please check below if your child has an allergy or sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition

Required medications and directions:

Other medications: _____
