

Parent Relief

Registration Form

Mission Church of the Nazarene

4750 Mission Gorge Place
San Diego, CA 92120
(619) 287-3211

Parental Emergency Consent to Participate &
Parental Consent for Emergency Treatment

Child's name: _____

Parent(s) name: _____

Home Phone #: _____ Cell Phone #: _____

Address: _____
(street)

E-mail: _____
(city, zip)

Age: _____ Grade _____ Birthday: _____

Emergency Contact Person: _____

Home Phone #: _____ Cell Phone #: _____

Food Allergies: _____

Additional Information: _____

I/we the undersigned give my/our consent for: _____
(name of minor)

To participate with Mission Church of the Nazarene in the Parent Relief activities that are authorized and supervised by MCN. I/we will not hold Mission Church of the Nazarene responsible for any injury to or for the behavior of the above named minor.

In case of emergency, I/we give my/our permission and consent to MCN, its agents, or law enforcement personnel to authorize medical treatment for the above named minor.

Parent/Guardian's signature: _____

Address: _____ Phone: (h) _____
(w) _____
(other) _____

Minor's Allergies: _____

Minor's present medication: _____

Minor's Doctor (name & phone): _____

Medical Insurance Information (Please attach copy of insurance card)

Company: _____ Policy #: _____

Certificate #: _____ Medical #: _____