

Element Event Parental Permission Form

Student _____

Grade _____ Birth Date _____

Address _____

City _____ State ____ Zip Code _____

Phone (_____) _____

Emergency Phone _____ (Required)

EVENT: _____

Fathers Signature Date

Mothers Signature Date



The undersigned does hereby give permission for our (my) child, _____, to attend the above named event. We authorize John MacDonald, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Element Student Ministries of the Warren Woods Church of the Nazarene.

Please list any allergies or special medical problems your child may have on reverse side. Thank you.