



## Parkside Church Youth Ministry

3885 Richardson Dr.  
Auburn, CA. 95603  
(530) 823-9911

2020 – 2021

Parental Emergency Consent to Participate & Parental consent for Emergency Treatment

I/we the undersigned give my/our consent for: \_\_\_\_\_

(Name of Minor)

to travel and participate with Parkside Church of the Nazarene on any function or trips that are authorized and supervised by Parkside Church. This consent extends through the calendar year of 2020-2021. I/we will not hold Parkside 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 Parkside Church, its agents, or law enforcement personnel to authorize medical treatment for the above-named minor.

Parent/Guardian's signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
\_\_\_\_\_ Phone (W): \_\_\_\_\_  
\_\_\_\_\_ Phone (M): \_\_\_\_\_

Minor's Allergies: \_\_\_\_\_

Minor's Present Medication: \_\_\_\_\_

Minor's Doctor (name & phone): \_\_\_\_\_

### Medical Insurance Information (Please attach copy of insurance card)

Company: \_\_\_\_\_

Certificate #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Medical #: \_\_\_\_\_