

# AUTHORIZATION FOR MEDICAL TREATMENT

Effective: August 1, 2014-August 31, 2015

We (I), the undersigned, parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby give to Springs First Church of the Nazarene (supervisor), or its agent, consent to perform any X-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general supervision of, any physician or surgeon licensed to practice his profession, whether such diagnosis or treatment is rendered at the office of such physician, any hospital, or other location.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required. It is given to provide authority and power on the part of the supervisor or its authorized designee, in the exercise of its best judgment, upon advice of any such physician and surgeon, to authorize care it may deem advisable.

## PLEASE PRINT ALL INFORMATION

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Minor's Full Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

In Case of Emergency, Please Notify: \_\_\_\_\_

Relationship To Minor: \_\_\_\_\_

Emergency Phone Number (Priority 1): \_\_\_\_\_

Emergency Phone Number (Priority 2): \_\_\_\_\_

\_\_\_\_\_  
Signature Of Parent/Guardian (Must Be Signed Only In The Presence Of A Notary) Date

\_\_\_\_\_  
Signature Of Notary Date

**EXPECTATION OF BEHAVIOR**

Use your head, and do what you know is right.

Plan to participate in every activity on the schedule for an event.

You are not allowed in the room of anyone of the opposite sex.

Limits of Love: You may only hold hands or give a peck on the cheek – Anything more results in a trip home at your parents expense.

Music played/listened to on all events will be Christian music.

You will not be allowed to leave your room, for any reason, after curfew.

You should respect and follow instruction of all adult workers

If your boyfriend/girlfriend is on this event, you need to conduct yourself in an appropriate manner. This event was not designed to be a “date” for you and your significant other.

If it is necessary for you to bring a cell phone, make sure it is turned off during Worship times.

If you provide your own transportation to this event, once you have reached the destination, you will be required to turn your keys into a designated sponsor.

Student: I, \_\_\_\_\_, have read the “Expectation of Behavior,” list and I understand that if I choose to disobey any of them, I have then made the choice to be sent home, at my parents’ expense.

Parent: I, \_\_\_\_\_, have read the “Expectation of Behavior,” list and I understand that if my teen chooses to disobey any of them, he/she may be sent home at my expense.

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, the undersigned parent or guardian of \_\_\_\_\_, do hereby release and hold harmless Springs First Church of the Nazarene, it’s staff, employees, agents, officers, and directors, from any and all claims, suits, costs, and actions, of any kind whatsoever, arising from their conduct related to the activities sponsored by Springs First Youth Ministries, from July 26, 2013-August 31, 2014.

Parent/Guardian: \_\_\_\_\_

(Must be signed in the presence of a Notary Public)

Date

COUNTY OF \_\_\_\_\_ )

STATE OF COLORADO

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, to be the Parent or Guardian executing the above Release.

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
Date

Notary Seal

My Commission Expires:

