

# OAKDALE FAMILY CHURCH OF THE NAZARENE YOUTH MINISTRY

## SINGLE EVENT PERMISSION FORM

Event Name \_\_\_\_\_ Place OFN, Rockin' Jump & other off-campus events

Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ Mode of Transportation \_\_\_\_\_  
mm dd yy mm dd yy

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Student's Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Tetanus Injection Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy mm dd yy

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Medical Instructions (*please attach a separate sheet if necessary*) \_\_\_\_\_

Parent's Primary Phone # \_\_\_\_\_ Secondary # \_\_\_\_\_

Emergency Contact (*if parent is unavailable*) \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

(*Student's Name*) \_\_\_\_\_ has permission of the undersigned to participate in the activity indicated above. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or adult chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Parent/Guardian's Email Address \_\_\_\_\_

### Oakdale Family Church of the Nazarene

1700 West "F" Street

Oakdale, CA 95361

(209)847-4215

Pastor Kara Lamphere

(909) 994-6462

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