

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are asked to complete this form and return it to NWLife Church. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

General Information (please print)

Child's Name _____ Date of Birth _____

Father's Name _____

Mother's Name _____

Child's Address _____

Home Phone _____

Parent's Cell Phone/Emergency Contact _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly-scheduled activities of the youth at NWLife Church, Renton, Washington for the duration of the camp; including field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church youth program. Further, I certify that my child is physically fit and adequately trained to participate in such events.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor, hospitalization, and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the following persons to make emergency medical care decisions on behalf of my child, *if required* by law or a health care provider:

Andy Jones, Danielle & Grant Millard, and Nouveau Leaders

I, _____ (guardian name) understand that the Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify NWLife Church in the event of any health changes which would restrict my child's participation in any *normal* youth activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

A facsimile or photocopy of this form shall be as valid as the original.

Signatures of Parents or Guardians

Date

Please fill out front and back of this form.

PERMISSION SLIP

_____ (student name) has my permission to participate with the NWLife, Nouveau Summer Mini Camp and all related activities, July 13-16, 2025

We understand, that while all due care will be taken to ensure safety, we will NOT hold NWLife Church, its staff, or drivers, responsible for accidents that might occur during the programs or transporting of student to and from the church or camp.

I also give consent to treat medically by any authorized and licensed physician in case of an emergency.

Signature of Parent or Guardian

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Please provide the medical information requested below.

ALLERGIES

Food Allergies:

Other Allergies:

MEDICATIONS (to be taken while at camp)

List Medications, their dosages, and times to be taken:

Is your student trusted to hold on to and take the medications they will be bringing? (circle one)

Yes or No

If no, please be sure to turn in medications at the camp check-in table and a trusted leader will distribute medications accordingly.