



## Consent for Medical Treatment/Waiver of Liability

Thrive Youth Ministries  
Wooster Nazarene  
3100 Oak Hill Road  
Wooster, OH 44691

The undersigned parent (guardian) of \_\_\_\_\_, a minor do hereby consent to said minor participating in activities with the Wooster Nazarene youth group for the time period of August 1, 2019- August 31, 2020. The undersigned hereby waives all claims against said church of any injuries that may be sustained by our said minor child and agree to indemnify and hold said church free and blameless from any liability therefore. I hereby consent to and grant the Wooster Nazarene youth pastor authority to act for us in any manner pertaining to the care and also control of our said minor child named above during the above referenced time period.

I further grant to any officially appointed adult youth sponsors from the church to consent to obtain any medical assistance that may be required for our said minor child during the above period of time.

I also understand that if said minor acts in any way that is morally or socially unacceptable (discretion of the youth pastor and adult sponsors), that I will be responsible for time and cost of his/her transportation home.

PRINT \_\_\_\_\_  
Parent/Guardian

X \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

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

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

Insurance #: \_\_\_\_\_

Please list any allergies, medications being taken, medical problems, physical limitations or other pertinent information.

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