

WORKERS PARENTAL CONSENT FORM

18 & UNDER:

If you are 18 and under you will need to print the following page and bring it with you to camp signed by your parent or guardian. If you do not have it you will not be permitted to work the camp.

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

PERMISSIONS:

Parents of staff 18 & under: I hereby give my permission for my child to leave the location of the event provided the Director gives permission. I waive any and all claims against the Illinois District Church of the Nazarene and any of its Boards or Representatives for any injuries to my child that they may incur while away from the location of the event or being transported to and from the location of the event.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/2014

Waiver of claim: I waive any and all claims against the Illinois District Church of the Nazarene and any of its Boards or Representatives because of injuries or other damages incurred to my child or their property in connection with the (insert name of the event) \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/2014

In case of medical emergency, I hereby give permission to the physician(s) contacted by the camp to hospitalize and secure treatment for my child (named as worker) including ordering injections, anesthesia, surgery, etc. I also give permission to the Camp Nurse to administer Tylenol and/or cough medicine if required.

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

Date \_\_\_\_/\_\_\_\_/2014

Parent/Guardian Phone Number: \_\_\_\_\_