Zillah Nazarene Church Youth Group Parental Permission and Medical Authorization Form

Name(s)	Relationship to Participant	
	HEALTH CARE IN	IFORMATION
	TILILLIII CIIRL II	AT OTHER TRANSPORT
Participant Name:		
,		
一直はおおける(かんな なおからの こ		Dentist
Physician	* ,	Dentist
Nome	*	Name
Name		Name
¥		
Phone		Phone
Filone		Hone
Medical Insurance Company		Dental Insurance Company
Wicalcal Insulation Company		Bolital Modification Company
		- A - o an annual arrangement
Policy/Group Number	×	Policy/Group Number
, surjection of		Be waster y and Bushampton and
Name of Policy Holder		Name of Policy Holder
Please list any allergies to drugs, foods, plants, insects, etc:		
Flease list any anergies to drugs, 100ds, plants, filsects, etc.		
Please list any prescription medication to be taken by the participant (including what it is taken		
for, when it is to be taken, dosage information, and any special procedures):		
ioi, when it is to be taken, do	sage information, and	any special procedures).
Please list any non-prescription	on (over-the-counter)	medication you do NOT want dispensed to
your child:		- a
your omiu.		

Please list any additional information relevant to participating in Zillah Nazarene Youth group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

Zillah Nazarene Church, 203 Miles Dr. Zillah, Wa. 98953 P.O. Box 166