

*Broken Arrow Church of the Nazarene Kidz Place Ministries
Emergency Medical Information and Permission Slip
This form must be completed for each child to participate in both off-site
and on-site activities at BANAZ.*

Child's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Date of Birth _____ Grade _____

Parent's Cell # _____ Beeper # _____

Print Parent's Name _____

Insurance Company _____

Child's Physician _____

Emergency Phone Number and Contact _____

E-Mail Address _____

List of Allergies _____

Special Needs _____

Comments _____

401 W. New Orleans

Broken Arrow, OK 74011 (918) 455-3550

www.banazarene.org

*Release of Liability
June 1st-August 12, 2009*

I, _____, do hereby release the BROKEN ARROW CHURCH OF THE NAZARENE, it's related organizations, staff, employees, and volunteers, from any and all liability for damage or injuries of whatever kind or nature that result from my child or children, _____ being on the property and premises of the BROKEN ARROW CHURCH OF THE NAZARENE, and or participating in off-site activities.

Parent/Guardian/Custodian Signature

Date

Phone