

**PERMISSION SLIP**

We/I \_\_\_\_\_ parent or guardian of  
\_\_\_\_\_ give permission for my child to go to  
\_\_\_\_\_ with South Side Nazarene NYI.

Parent Signature \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

**MEDICAL RELEASE**

We/I \_\_\_\_\_ parent or guardian of  
\_\_\_\_\_ give permission to the South Side Church of  
the Nazarene NYI to secure medical treatment for my child in case of an accident,  
injury or illness on any NYI Activity.

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

Group Number \_\_\_\_\_

Please list any other necessary information regarding your insurance,

Your child's medication or any medical problems.

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