

**Student's Information:**

Name (First, Last, Middle): \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parental Consent/Medical Power of Attorney**

Comes now \_\_\_\_\_, the natural parent or guardian of \_\_\_\_\_, a minor (SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_), and hereby grants unto ASD NYI Directors and or other representative, agent or employee of Landmark Church of the Nazarene, 270 Lee Road 456 Phenix City, AL 36867, the right to seek any and all necessary medical treatment for my minor child in the event that said child is in any way injured while participating in the youth activities or church activities through Landmark Church of the Nazarene. I designate the above cited representatives of Landmark Church of the Nazarene with this Medical Power of Attorney which allows said representative to seek any medical treatment they, in their discretion, deem necessary for my child and to financially bind said representative from any cost or expenses related to said treatment and to relieve the representative from any liability.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Print Full Name Signature of Parent or Guardian

**(Please print the following information)**

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_