

# Port Orange Church Of The Nazarene

## Parent Permission Slip

I, as parent/guardian of \_\_\_\_\_, give my permission in accordance with the  
“Parent/Guardian Release and Consent for Medical Treatment” form currently on file for him/her to:

Parent/Guardian name: \_\_\_\_\_

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

Phone number where you can be reached \_\_\_\_\_

Please fill out a new “Parent/Guardian Release and Consent for Medical Treatment” form mentioned above if your address, phone number, insurance company, emergency phone number, your child’s medical status or list of people authorized to pick up the child has changed.