

FIRST CHURCH OF THE NAZARENE

601 16th Ave. South

Nampa ID 83651

(208) 466-3549

MEDICAL & LIABILITY RELEASE FORM

NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

SCHOOL _____ GRADE _____

E-MAIL ADDRESS: PARENTS _____ STUDENTS _____

MOTHER'S NAME & WORK PHONE _____ Cellular _____

FATHER'S NAME & WORK PHONE _____ Cellular _____

LIVES WITH: Father _____ Mother _____ Both _____ Other _____

IN EMERGENCY, (if unable to notify parents)

NOTIFY _____ PHONE _____

DOCTOR'S NAME _____

HEALTH HISTORY

- | | | | |
|------------|--|---|--------------------------------|
| Allergies: | <input type="checkbox"/> Insect stings | <input type="checkbox"/> Drugs | <input type="checkbox"/> Other |
| Other | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Frequent Stomach Upset | |
| Conditions | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic Asthma | |
| | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | |
| | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Physical Handicap | |
| | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> A.D.D. | |

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions).

Date of last tetanus shot: _____ VERY IMPORTANT!

Name and dosage of any medications that must be taken: _____

Any swimming restrictions: Yes No

Any activity restrictions: Yes No

Explain restrictions? _____

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Our church carries secondary insurance. If you have medical insurance, your carrier will be responsible for medical charges in case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? Yes No

If "yes", Name: _____

Policy Number: _____

Address: _____

Employer: _____

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician, or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or injection, anesthesia, or surgery for my son or daughter as deemed necessary. I waive my right of informed consent to such treatment.

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and supervised. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards, including injury or possible death inherent in some church sponsored activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or Guardian's Signature

PLEASE CAREFULLY READ AND COMPLETE ALL INFORMATION.

Permission slips are still required for each activity and must be signed by a parent or guardian.