

MEDFORD FIRST CHURCH OF THE NAZARENE
1974 E. McAndrews Road, Medford, OR (541) 779-7777
MEDICAL & LIABILITY RELEASE FORM

STUDENT INFORMATION

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

School _____ Grade _____ Date of Birth ____/____/____ Gender M / F
(circle one)

EMERGENCY INFORMATION

Parent/Guardian _____ Phone _____ Cell Phone _____

ALTERNATE CONTACT

Name _____ City _____ Cell Phone _____

DOCTOR

Name _____ City _____ Phone _____

Do you have medical insurance? Yes () No ()

NAME OF MEDICAL INSURANCE CARRIER _____

Policy # _____ Telephone _____

HEALTH HISTORY

ALLERGIES: Drug Allergies ___ Hay Fever ___ Insects ___ Other _____ Date of last tetanus shot _____
OTHER CONDITIONS: Diabetes ___ High Blood Pressure ___ Cardiac ___ Chronic Asthma ___
Physical Disability ___ Epilepsy ___ Other _____

_____ Please **do not** administer non prescription medication to my student. Example: aspirin, Advil, Tylenol.

If you have checked any of the above, please give details (include the normal treatment of allergic reaction):

Name and dosage of any medication that must be taken _____

Activity Restrictions _____

NOTE: Every activity sponsored by First Church is carefully planned and adequately staffed by mature adults. 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 inherent in activities sponsored by First Church. The parent also agrees not to hold this organization or its employees or volunteers liable for damages, losses, or injuries to the person named above on this form. The parents or guardian understand that they are signing for the minor listed on this form and their signature is for both medical and liability release.

MEDICAL AND LIABILITY RELEASE:

This health history is correct, so far as I know. In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to Medford First Church of the Nazarene to hospitalize, to secure proper treatment and/or to order injections, anesthesia, or surgery for my child as deemed necessary. I realize that I will be contacted at the earliest possible moment in case of such emergency.

This authorization shall remain in effect from **June 1, 2012 - June 1, 2014**, unless revoked in writing and delivered to Medford First Church of the Nazarene.

DATE: _____ SIGNATURE OF LEGAL GUARDIAN: _____

DATE: _____ SIGNATURE OF LEGAL GUARDIAN: _____