

ONE Student Ministries
Annual Medical/Liability Release
For Events of 2011

Student Name _____ Age _____ Grade _____ Gender _____

Address (with city and zip) _____

Phone: Home _____ Cell _____ Work _____

Emergency/Alt. Contact _____ Phone _____

Insurance Company _____ Policy # _____

Family Doctor _____ Phone _____

Medications _____

Allergies _____

Last Tetanus Shot _____

As parent/guardian of this student, I certify that this information is complete and accurate to the best of my knowledge. I hereby give permission for my child to receive any over the counter medications except _____. In the event that I cannot be reached, by signing this form I hereby give permission in the event of illness or injury for the physician or other health care professional selected by the representatives of First Church of the Nazarene in Winter Haven, FL to order such tests and treatments as is deemed necessary to safeguard the health of my child. I also give authority to above said medical professional to hospitalize, secure proper treatment and order injections and/or anesthesia and/or surgery for my child.

In addition, I hereby waive any and all claims, suits, costs, and actions of any kind whatsoever against and hold harmless First Church of the Nazarene in Winter Haven, FL and its representatives due to injury or other damage that may be incurred to this student.

Parent/Guardian Name _____

(Please print legibly)

Parent/Guardian Signature _____

(Must be signed in the presence of a Notary Public)

Before me, A Notary Public, in and for said County and State/Province this _____ day of _____ 200 ____

Personally appeared _____ and acknowledged execution of the foregoing, in witness, I have hereunto set my hand and Notary Seal.

State/Province of _____ County of _____

Notary Public Signature _____

My Commission expiration date ____/____/____

Notary Seal _____