

Clearwater First Nazarene

Annual Medical/ Liability Release

Instructions: This form must be filled out in its entirety and to the best of your ability as the parent/guardian of this student. Please note that this is a two page document, with a place for a notary signature and stamp on page two that must be completed. If extra space is needed to complete the medical information, please use the empty space on the back of this form. Do not use another sheet of paper to ensure all information is included on this form.

Student Name _____ Age _____ Grade _____ Gender _____

Address (with city and zip) _____

Parent/Guardian Phone: Home _____ Cell _____ Work _____

Emergency/Alt. Contact _____ Phone _____

Insurance Company _____ Policy # _____

Family Doctor _____ Dr Phone _____

Medications _____

Allergies _____

Past Surgeries _____

Known Medical Issues _____

Last Tetanus Shot _____

MEDICAL WAIVER

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 for the following: _____. 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 the **Clearwater First Church of the Nazarene** (heretofore **CFN**) 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. I addition, I hereby waive any and all claims, suits, costs and actions of any kind whatsoever against and hold harmless **CFN** and its representatives due to injury or other damage that may be incurred by this student. I understand that this form will remain on file and active for all **CFN** events my child will participate in for the 2018 – 2019 calendar years or in the case of medical information changes. I understand that it will be my responsibility to endure the medical information remains current.

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DAMAGE WAIVER

I assume responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

MEDIA WAIVER

I give CFN the right to use video and/or still photography of my child for any appropriate promotional use.

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 ____ 20 ____ 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 _____