

GNaz Student Ministries

Medical and Liability Release

Student Personal Information

First Name: _____		Last Name: _____		Gender: _____	
Street Address: _____			City: _____		
State/Province: _____		Zip/Postal Code: _____		Country: _____	
Email Address: _____			Home Phone: _____		
S.S. #: _____		Birth Date: _____ (mm/dd/yy)		Cell Phone: _____	

Parent/Guardian Contact Information

Name _____		Relationship _____	
Home Phone _____		Work Phone _____	
Cell Phone _____		Email _____	

Health Information Necessary for Proper Care and Protection

*For additional space, use back of page for answers

In order to assist medical personnel in an emergency situation, please provide the following:

Describe any health issues or diagnoses: <hr/> Please state any limitations: <hr/> Any allergies to medication? <hr/> List all current medications, dosages, and directions: <hr/> Date of last tetanus shot: _____	Family Physician: _____ Physician Phone: _____ Recent exposure to communicable disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <hr/> Do any foods cause allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <hr/> Is there anything else we should know? <hr/>
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Insurance Information

Primary Name: _____		Insurance Company: _____	
Policy Number: _____		Group #: _____	

Authorization for Medical Treatment & Parent/Guardian Permission

In the event I cannot be reached, I authorize and direct any adult Glendale Nazarene employee or volunteer representing the Church of the Nazarene to make emergency medical decisions for my child. Therefore, I (name of parent or guardian), _____, hereby authorize that emergency medical and/or surgical care may be provided for my son/daughter _____, at my expense.

I also hereby release and discharge the Glendale Church of the Nazarene, and its affiliates, along with any other chaperoning adult employees or volunteers of Glendale Nazarene Youth International, its agents, employees, officers, directors, affiliates, successors, assigns and all other, from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages and liabilities of every kind and natures, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any activities associated in any way during a Glendale Nazarene Student Ministries event. I have full knowledge as to such activities, and I have full knowledge of the probable risks involved. Except for those limitations named in this health form, I certify that _____ (name of child), is healthy and fit to participate in all such activities.

Further, I acknowledge that Glendale Nazarene Church and/or its agents will be taking photographs and/or videos during events and that _____ may appear in those photographs and/or videos. I hereby give my permission to Glendale Nazarene Church to utilize event media in all forms and in all manners for marketing, promotional, and future event development.

Signature _____ Date _____ Relationship _____

PLEASE SIGN, AND RETURN, OR MAIL THESE FORMS TO:
GNaz Student Ministries
Jeff Gee
5902 w Cactus Rd
Glendale, Az 85304