

Medical and Photo Release for High School and Middle School Students Nashville First Church of the Nazarene

Date Completed: _____ / _____ / _____ (Valid only for one year)

Child's Name: _____ Birthday: _____ / _____ / _____
Last First Middle

Home Address: _____
Street City State Zip

Parent/Guardian's Home Phone: _____ Business Phone: _____ Cell Phone: _____

In case of emergency call: _____ Emergency Phone: _____
Name

Medical Insurance Company: _____ Medical Insurance Phone: _____

Insurance Policy No.: _____ Group No.: _____

Last physician exam was within the last: _____ 1 year _____ 2 years _____ 3 years

I believe my child's health to be: _____ Excellent _____ Above Average _____ Average _____ Below Average

Any problems requiring special attention (such as allergies to medications, etc.): _____

HEALTH HISTORY (PLEASE CHECK ONLY THOSE THAT APPLY):

_____ Asthma _____ Appendicitis _____ Bleeding Trait _____ Congenital Defect
_____ Convulsions _____ Depression _____ Rheumatic Fever _____ Mental Health Problem
_____ Hay Fever _____ Hepatitis _____ High Blood Pressure _____ Migraine Headache
_____ Sinus Trouble _____ Epilepsy _____ Nervous Stomach _____ Suicide Attempt
_____ Diabetes _____ Hypoglycemia _____ Typhoid Fever _____ Thyroid Underactive

Immunizations/Infections: _____ German Measles _____ Mumps _____ Polio-Oral
_____ DPT (baby) _____ Tuberculosis _____ Other: _____

Date of last Tetanus Shot: _____ / _____ / _____ (Month/Day/Year)

This release gives us permission to take your child to the nearest medical facility and have treatment administered. Many hospitals will not administer any medical attention to a minor without some parental consent.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give First Church of the Nazarene their permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by a physician and agreed upon by First Church of the Nazarene. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve First Church of the Nazarene from liability in acting on my behalf in this regard.

I give permission for my child's images to be used within the church building, in church publications, in news releases, community awareness programs, and on the church website. For privacy reasons, photographs will not identify the people whose images are shown.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____

Date: _____

I do **NOT** give permission for my child's image to be used. (Initial here) _____

NOTARY INFORMATION

State of Tennessee, County of _____

Subscribed and sworn to me, in my presence this _____ day of _____, 20____

Notary: _____

Expiration Date: _____