

**Richardson Church of the Nazarene
Medical and Liability Release Form
Valid Thru 08/31/19**

Child's Full Name: _____ Gender: ____ Age: ____ Grade: ____
D.O.B.: ____/____/____ Home Phone #: _____
Address: _____ City: _____ State: ____ Zip: ____
Father: _____ Phone: (work) _____ (cell) _____
Mother: _____ Phone: (work) _____ (cell) _____
Other Emergency Contact: _____ Relationship: _____ Phone #: _____
Family Doctor: _____ Phone Number: _____
Health Insurance Company _____ Policy/Group #: _____ Subscriber/ID #: _____
Known Allergies: (food, insects, drugs, etc) _____

Health Conditions/ Restrictions: _____

Medications: _____

Consent to Medical Treatment of Minor and Release of Liability

_____ has my/our permission to go on retreats, trips and other offsite events in conjunction with the Children's Ministry of Richardson. Please seek any medical assistance needed while he/she is with this group. We _____, parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with children from Richardson Church of the Nazarene of Richardson, Texas, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision or any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also agree to pay for all charges associated with the care of my child. I knowingly release, absolve, indemnify and hold harmless Richardson Church of the Nazarene and its agents and employees from all claims that might result from any injury or death of any minor.

I/We have read and understand the above document. By signing this document we hereby release Richardson Church of the Nazarene of Richardson, Texas from any and all liability for personal injury or damage to property.

Print Name: _____ Date: _____
Parent/Guardian Signature: _____ Relationship to Minor _____

Office Use: