

**Richardson Church of the Nazarene**  
**Medical and Liability Release Form**  
**Valid Thru 8/31/2023**

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 Contacts:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_ Subscriber/ID #: \_\_\_\_\_

Known Allergies: (food, insects, drugs, etc.) \_\_\_\_\_

Health Conditions/Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

School: \_\_\_\_\_

**Media Release**

\_\_\_\_\_ (Parent(s)/Guardian(s) Initials) I/We grant permission for a photo/image and or video that includes this minor to be published on church promotional, communication materials, and public internet sites associated with activities of Richardson Church of the Nazarene.

## 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 Church of the Nazarene. 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 examinations, 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 of 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: