Richardson Church of the Nazarene Medical and Liability Release Form Valid Thru 8/31/2024

Child's Full Name:				
Gender:	Age:	Grade:		
D.O.B.://_	Но	me Phone #:		
Address:				
		te: Zip:		
Father:		Phone: (work)	(cell)	
Mother:		Phone: (work)	(cell)	
Other Emergency Co	ontacts:			
1. Name:		Relationship:	Phone #:	
2. Name:		Relationship:	Phone #:	
3. Name:		Relationship:	Phone #:	
Family Doctor:		Phone Nu	mber:	
Health Insurance Co	mpany:			
Policy/Group #:		Subscriber/ID #:		
Known Allergies: (fo	od, insects, dru	gs, etc.)		
Health Conditions/R	estrictions:			
Medications:				
School:				
		Media Release		
(Par	ent(s)/Guardiar	ı(s) Initials) I/We grant permissi	on for a photo/image and or vic	leo

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

care which is deemed advisable by, and is rendered under the general or special supervision of physician or surgeon licensed under the provision of the Medical Practice Act on the medical licensed hospital, whether such diagnosis or treatment is rendered at the office of said physic said hospital. I also agree to pay for all charges associated with the care of my child. I knowing absolve, indemnify, and hold harmless Richardson Church of the Nazarene and its agents and 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	staff or
I/We have read and understand the above document. By signing this document, we hereby	gly release,
Richardson Church of the Nazarene of Richardson, Texas from any and all liability for person damage to property.	
Print Name: Date:	
Parent/Guardian Signature: Relationship to minor:	