

Arizona District NYI Medical/Liability Release Form

Name: _____

Grade Completed: _____ Age: _____ Birth date: _____

Medical Insurance Company _____

Group Policy # _____ Claim Office Telephone: _____

Claim Office Telephone: _____

Name of Parent/Guardian: _____

Address where parent can be reached during camp:

Phone number where parent can be reached during camp: _____

List any medical problems, conditions, allergies, medications you are presently taking, and any reactions to medications:

Blood type: _____ Date of last Tetanus shot: _____

Physician's Name: _____ Physician's Phone Number: _____

Parental Authority to Consent to Treatment of Minor

Herein "Parent/Guardian"

Herein "Minor"

Organization/Youth Minister/Youth Director/Sponsor Herein "Agent"

The above named Parent/Guardian of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization and for the welfare of the Minor. The Parent/Guardian does hereby authorize the Agent, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Laws of the State of Country in which the medical care is being sought and on the medical staff of any hospital or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the Laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required, but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of the laws of the State of Country in which the medical or dental care is being sought. The Parent/Guardian hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to provisions of the Laws of the State or Country in which the medical or dental care is being provided. The Parent/Guardian hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent, or the Organization, under this authorization.

Parent/Guardian Signature

Date

Liability Release Form

I, _____, release the Church of the Nazarene and other sponsoring activities from legal suit, due to injuries that may occur during church related activities. These authorizations shall remain effective till July 2017 unless sooner revoked in writing and delivered to said Agent.

STATE _____

Sworn to before me and subscribed in my presence this
_____ day of _____, 2017

COUNTY _____

Notary Public

Commission Expires