

Emergency Contact Information and Authorization for Medical Treatment

Emergency Contact Name: _____ Phone Number: (____) _____

I, _____, of _____, _____,
(Name of Parent or Guardian) (City) (County)
_____ am the () Father () Mother () legal guardian of _____, a minor
(State) (name of minor child)
of _____, _____, _____, of whom I have full custody and
(City) (County) (State)

control, who will be attending BLAST at Bowling Green Church of the Nazarene and Bowling Green Schools. I consent to the necessary medical and/or dental treatment, including the decision for hospitalization, and if necessary, surgery, hereby authorizing the Missouri District Church of the Nazarene, and its agents, to secure the necessary medical or dental treatment for said minor and to receive any necessary assistance. The following information is given relative to said child's medical history:

Allergies: _____

Medications being taken: _____ Date of last tetanus shot: _____

Physical Impairments: _____

Other pertinent facts to which physicians should be alerted: _____

Insurance Company: _____ Policy Number: _____

Dated: _____, 20__ at _____, _____

Signature of parent or guardian: _____

Release of all Claims

Release made on _____, 20__ by _____,
(Month) (Day) (Name of Parent or Guardian)

of _____.
(Name of minor child)

In consideration of permission granted to child by Missouri District Church of the Nazarene NYI, its agents, executors, administrator, or assigned employee from any grievance I may have, or claim to have against the Missouri District Church of the Nazarene NYI, its successors or assigned employee, for all personal injuries, known or unknown and injuries to property, real or personal, cause by, or arising out of, the above described event, BLAST, to be held at Bowling Green Church of the Nazarene and Bowling Green Schools.

I, the undersigned, have read this release and understand its terms, I execute it voluntarily and with full knowledge of its significance. I have executed this release as a parent or guardian of the above child as stated above.

Signature of parent or guardian: _____ All forms must be notarized prior to submission.

Signed and sworn before this _____ day of _____ 20__ by _____

State of _____ County of _____.