

Medical and Liability Release Form  
**Living Hope Youth and Children's Ministries**  
**Living Hope Church of the Nazarene**

**Please print and fill out carefully:**

Name: \_\_\_\_\_ Gender: \_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Parent's email: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Health History**

Allergies:     \_\_\_ Insect stings  
                  \_\_\_ Drugs (specify): \_\_\_\_\_  
                  \_\_\_ Other (specify): \_\_\_\_\_  
  
Other:           \_\_\_ Heart condition                           \_\_\_ Frequent stomach upsets  
                  \_\_\_ Frequent colds                                 \_\_\_ Hay fever  
                  \_\_\_ Diabetes   \_\_\_ Asthma  
                  \_\_\_ Epilepsy   \_\_\_ Other: \_\_\_\_\_

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):  
\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Will you allow blood transfusions? \_\_\_ Yes \_\_\_ No   Contact Lenses? \_\_\_ Yes \_\_\_ No  
Any activity restrictions: \_\_\_ Yes \_\_\_ No   What restrictions: \_\_\_\_\_  
Date of last tetanus: \_\_\_\_\_   Other pertinent medical information: \_\_\_\_\_

**Living Hope's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the event of illness or injury while your son or daughter is on a church-related activity.**

Do you have health insurance? \_\_\_ Yes \_\_\_ No   If "yes," Name: \_\_\_\_\_  
Policy or group number: \_\_\_\_\_   Address: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ Work/Cell:(\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ Work/Cell:(\_\_\_\_) \_\_\_\_\_

**Authorization of Treatment**

"This information is correct as far as I know and, the person herein described has permission to engage in all prescribed activities, except as noted by me (on an attached, separate piece of paper). I hereby give my permission to the medical personnel selected by the church event organizer to order X-rays, routine tests, treatment, release any records necessary for insurance purposes and all necessary related transportation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the church event organizer to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied as necessary."

**Liability Release**

Every activity sponsored by Living Hope Church of the Nazarene is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related events and activities. They also agree not to hold Living Hope Church of the Nazarene or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and **the signature is for both a medical and liability release.**

**Dates Valid:**

One-time event (Specify event and dates): \_\_\_\_\_  
 Annual Release (Specify dates): \_\_\_\_\_ to \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Notary Signature: \_\_\_\_\_  
Date commission expires: \_\_\_\_\_

[SEAL]