



Medical Consent Form- 2019

Name: _____
Grade: _____ Date of Birth: _____ Age: _____ M/F: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Emergency Contact: _____ Phone: _____
Relationship to Emergency Contact Person: _____
Parent/ Guardian's Name: _____
Parent/ Guardian's Cell: _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, If I cannot be reached, I give permission to the staff or leader to secure the services of a licensed physician to provide the care necessary, including anesthesia, or emergency surgery, for my child's well being.

Parent/ Guardian Signature: _____ Date: _____

Please list any allergies, medications being taken, medical conditions, or other important health information we should know: _____

May we give your child Tylenol or Benadryl as needed? _____
Date of last tetanus shot: _____ Insured's Date of Birth: _____
Name of Insurance Company: _____
Insurance Company's Phone Number: _____
Group Name: _____
Member ID: _____
Group Number: _____

I further understand that by signing below I am fully releasing Xenia Nazarene Church and all associated persons from any and all claims and liability, expressly including but not limited to their negligence, for any injuries, death, damages, or other losses that participant may suffer or sustain before, during, or after (or traveling to or from) the events/ activities/ trips contemplated in this document.

_____ (INITIALS)

Talent Release

As the legal guardian of the above named, I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all video and photography taken of the above named and/or recordings made of their voice, in whole or in part, of such recordings for the purposes of illustration, broadcast, or distribution in any manner.

_____ (INITIALS)

The signatures below affirm our understanding of and agreement to abide by the statements herein. I agree with all statements, terms, and conditions of the consent for emergency medical treatment and release of liability and consent to participate.

Signature of Parent/ Guardian: _____ Date: _____

Expires 12/31/19

