



# Chillicothe First

CHURCH OF THE NAZARENE

## STUDENT MEDICAL RELEASE FORM

This form MUST be completed, signed & returned prior to ANY Youth Event

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Special Medical Conditions (allergies, seizures, etc.): \_\_\_\_\_

Medications being taken by student: \_\_\_\_\_

Is there anything else First Church of the Nazarene should know about your student:

In the event of an emergency, every effort will be made to contact the parent/guardian of the above named minor. If that person cannot be reached, does the First Church of the Nazarene have permission to take the above named participant to the nearest emergency care facility to be treated ?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ If not, what procedure should be followed ? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*signature required*

Above named participant has permission to ride in the Chillicothe First Nazarene Church van:  
(or with another accompanying adult in another vehicle)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*signature required*