



Midland Valley Community Church of the Nazarene
3526 Jefferson Davis Hwy
P.O. Box 645
Clearwater, South Carolina 29822
803-593-3114
www.mvnazarene.org
on facebook Fuse Student Ministry

Medical & Liability Release 2016-2017

Valid from 8/1/16-8/1/17

All information must be provided and form completed and notarized. Please print clearly.

STUDENT AND/OR MINOR INFORMATION

NAME: _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

SEX: Male Female DATE OF BIRTH: _____ (MM/DD/YY) SS#: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN INFORMATION

NAME(S): _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

INSURANCE INFORMATION

Do you have health insurance which covers this student? Yes No

NAME(of company): _____

POLICY NUMBER: _____ GROUP NUMBER: _____

IN WHOSE NAME IS THE INSURANCE: _____

FAMILY DOCTOR: _____ CITY: _____

PHONE: _____

If this minor should require medical attention for injuries received or illnesses contracted prior to an event/activity, please provide us with the necessary information to give him/her proper medical care during his/her participation with the student ministry.

HEALTH HISTORY

Please list any pre-existing or present medical conditions:

Names and dosages of current prescription medications (these must be kept in original pharmacy containers):

Allergies/Severe reactions (please check and list below): qDrugs qFood qOther

Activity/Dietary Restrictions:

Additional Comments:

PARENTAL OR GUARDIAN MEDICAL/LIABILITY RELEASE STATEMENT

The above stated minor has permission to travel with Midland Valley Community Church of the Nazarene, Clearwater, SC (*Church*), and attend all Student Activities from 8/1/16—8/1/17. While I understand that the *Church* will take all reasonable steps to provide individual care and safety to minor, I am aware that the *Church* or their employees or agents cannot and shall not assume any responsibility for an injury, damage, or harm which might result during the course of any activity during functions so sponsored or attended by this minor. In consideration of permitting this minor to participate, I agree that full responsibility shall remain with me as parent or guardian of this minor. Should any claim be asserted by any person as a result of the acts of this minor while participating in the course of activities sponsored or provided by the *Church*, or traveling to or from such activity, or should minor or any other party assert any claim against the *Church* or its employees or agents, I agree to indemnify and hold the *Church* harmless from actions brought against them and including attorney fees and costs incurred by the *Church* in defense thereof. I further authorize medical treatment of minor in the event of illness or injury sustained in my absence while minor participates in the course of activities provided or sponsored by the *Church*.

Signature of Parent/Guardian

Date

Notary Public
Expiration Date

Commission