



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 2017-2018

Valid from 8/1/17-8/1/18

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

STUDENT AND/OR MINOR INFORMATION

NAME: _____ Grade: _____

MAILING ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ Text (circle) Y or N

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

INSURANCE 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): ___Drugs ___Food ___Other

*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 8/1/17—8/1/18. 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/ Seal

My Commission Expires