

# Cuyahoga Falls Church Of The Nazarene

## Parent/Guardian Release and Consent for Medical Treatment

January 1, 2018 - January 31, 2019

I, as Parent or Guardian of \_\_\_\_\_, give my permission for him/her to attend various events sponsored by the church from 1/1/2018 through 1/31/2019. Separate, shortened permission slips may be required for individual events.

I agree to waive all claims against the Cuyahoga Falls Church of the Nazarene, its officers, Board members, staff, drivers and sponsors from any liability for injury or damage suffered and agree to indemnify and hold harmless said church and personnel from liability for any such injury or damage.

\*\*\* Any personal property brought to the church or any church event is done so at the risk of the person bringing the property. Any loss or damage to the property is solely the responsibility of the person bringing the property. Under no circumstance is the Church or any church employee or volunteer responsible for loss or damage to any personal property brought to the church or any church event.

I give my permission for the church to use my child's name and/or image in church publications and/or on the Church website.

Should any injury or illness occur, I give my permission for medical attention and treatment to be given to my child.

I also consent and grant said Church and personnel full right and authority to act for me in any manner pertaining to care and discipline of my child named above, including early transportation home at my expense should that be deemed necessary. I also agree to pay any monetary damages caused by my child named above.

List any medications taken regularly, dosage and frequency (or "None"): \_\_\_\_\_

List any allergies: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

List any medical or other conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

List any other persons authorized to pick the child at the completion of any activity: \_\_\_\_\_

\_\_\_\_\_

Insurance Company & Policy/Member Number: \_\_\_\_\_

Name/phone number of emergency contact if we can't reach you: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_