

FVCN STUDENT MINISTRIES MEDICAL RELEASE FORM

Name: _____ Home Phone: _____

Parent(s) Name: _____ Cell number: _____

Address: _____

City: _____ State: _____ Zip: _____

Grade: _____ Age: _____ Birthdate: _____ Gender: M F

Parent(s) Work Phone Numbers: _____

Alternative Emergency Contact: _____ Phone: _____

(To be filled out by the parents or legal guardians of students under the age of 18 years old.)

I, _____, the parent or legal guardian of _____ (hereinafter referred to as "MINOR") a minor, hereby acknowledge that said minor is presently under my care and custody. I hereby give said minor permission to go to and participate in activities with FAIRVIEW VILLAGE CHURCH OF THE NAZARENE of Eagleville, PA, (hereinafter referred to as "CHURCH"). In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the church, its representatives, or event leaders to make decision to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor do release, acquit, discharge, and covenant to hold harmless the church, its representatives, or event leaders from any and all actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by said minor during activities with the church.

Signature of parent and/or guardian: _____ Date: _____

MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____

Group Number: _____ Policy Holder Name: _____

Doctor Name and Phone: _____ Date of last Tetanus Shot: _____

List any physical limitations which might hinder participation in activities: (allergies, asthma, migranes, etc.) _____

List any and all medication (and doses) which are taken: _____

List any special information should medical treatment be required (rare blood types, medication allergies, high blood pressure, diabetes, missing organs, etc.) _____

By signing this form I give permission to a representative of the church to administer ____ Acetaminophen ____ Ibuprofen ____ Both ____ None (Check one or all.)

I acknowledge that I am not aware of any known adverse reaction or allergies to these medications or any other medication _____ is taking. Acetaminophen ____ Ibuprofen ____ (Initial)

If the problem which needs Acetaminophen or Ibuprofen should persist we will contact the parent or emergency contact.

