

East Gate Church of the Nazarene (EGCN)

Medical & Liability Release Form

Student's name: _____

Student's Phone # (If Applicable) (_____) _____ - _____

Address: _____ City: _____ State: _____

Birthday: _____ Grade: _____

I, the undersigned **parent** or **legal guardian** of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of East Gate Church of the Nazarene, both on and off church grounds, including the necessary transportation to and from these events and activities.

Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the persons in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally contacted.

I further agree not to hold East Gate Church of the Nazarene or any of its paid staff or volunteers responsible for any accident that may occur on the way to, from, or during an event. I indemnify, defend and hold harmless East Gate Church of the Nazarene for all claims made and liabilities assessed against them as a result of any event or activity. I release East Gate Church of the Nazarene and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible to pick my child up and assume the cost of transportation.

Please fill out all information on the backside of this form. If it does not apply to you, please put N/A.

In Case of Emergency Please Contact:

1. Name: _____ Phone: _____
Relationship to child: _____
2. Name: _____ Phone: _____
Relationship to child: _____

Authorized adult to pick-up/drop-off student (Must be 18 years or older)

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Medical information:

Physician _____

Medical Insurance Company: _____

Policy #: _____ Member's Name: _____

Allergies: _____

Other: _____

If any of the above information changes, it is your responsibility to notify EGCN of the changes.

I have read and agree to: *(please check each blank you authorize and sign at the bottom)*

_____ - I allow my student to be photographed while on Church property

-If you would like your student to allow your student to walk to and from EGCN you must come to EGCN to sign our walking policy and procedures

Parent/Guardian Signature to authorize that you agree to the above statements. This signature means that you agree to comply with the policy and procedures set forth.

(Print name)

(Signature)

(Date)