

College Ave. Church of the Nazarene

Medical Information & Authorization Form

(Please fill out both sides completely)

Any & All Events put on in the calendar year of 2026

Name of Student _____ Male Female

Address _____ Age _____ Grade _____

City _____ State _____ Zip _____ E-mail _____

Home Ph# _____ Parent Wk# _____ Pager/Cell# _____

School _____ Birthday _____

MEDICAL INFORMATION

Health History

Asthma Other Allergies

Chicken Pox

Measles Emotional Handicap

Mumps Physical Handicap

Seizure Disorder Other _____

Date of last Tetanus shot (DPT): Month/Year ____/____

Hay Fever

Bleeding/Clotting Disorder Drug Allergy

Insect Sting Allergy

Diabetes

If you have checked any of the above, please give details: _____

Medications currently taken: _____

(Pharmacy labeled containers preferred or must send written instructions by parent or guardian.)

Activity Restrictions: _____

IMPORTANT: Please check if your child has been exposed to a communicable disease or has been ill in the last three weeks.

If you checked the above, give details: _____

Insurance Company: _____ Policy # _____

Claims Office Address _____ Phone# _____

Employer Name & Address _____

Second Parent Address: _____

Pediatrician/Doctor Name, Address & Phone: _____

College Ave. Church of the Nazarene
Consent to Treatment of Minor & Release

Herein "Parent" _____ Herein "Minor" _____

Herein "Organization": College Ave. Church of the Nazarene

Herein Agent: College Ave. Church Leadership, Event directors and all staff approved by College Ave. Church of the Nazarene

The above-named Parent of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor.

The Parent does hereby authorize the Agent as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the California Dental Practice Act or the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic medical or surgical diagnosis or treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought. The Parent hereby authorizes any hospital, which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is provided.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent and the Organization, under this authorization. Furthermore, Parent voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers, employees, and volunteers for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization's administration of or failure to administer medicine or medication to Minor, save and except only those claims due to Organization's fraud or willful injury to the person or property of Minor. **These authorizations shall remain effective until December 31, 2026, unless sooner revoked in writing delivered to said Agent.** No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement. The Parent hereby authorizes said Agent to use photos of minor on forms, brochures, and Internet for promotional purposes of future events.

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN PARENT AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Parent's Name _____

Parent's Signature _____ Dated _____

Family Code of California, Section 6910 The Parent or Caregiver of a minor who is a relative of the minor and who may authorize medical care or dental care under Section 6550 may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

Family Code of California, Section 6901 "Dental Care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.

Family Code of California, Section 6902 "Medical Care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act.

Health & Safety Code, Section 1283(a) No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent, the person having legal custody of the child, or the caregiver of the child who is a relative of the child and who may authorize medical care and dental care under Section 6550 of the Family Code.

College Ave. Church of the Nazarene Waiver

All students are insured by the College Ave. Church of the Nazarene from the time they depart until the time they return home from a church event. However, this insurance applies only if the individual student's health insurance, which is primary coverage, does not apply or is exhausted, and applies to accidents only. Students shall be responsible for the purchase of any pharmaceutical supplies or medicine.

I hereby approve this church activity application/registration and waive all claims against the College Ave. Church of the Nazarene, its officers and representatives, incident to this activity. I understand that students are restricted from possessing fireworks, weapons, tobacco, alcohol, and other chemically abusive substances and hereby give permission to event executive staff (no less than 2) to search my child's belongings for such substances if given reasonable cause. I further understand that in the event of any emergency, medical or disciplinary reasons, the parent/guardian may be required to transport his/her child at any time during the activity.

I HAVE CAREFULLY READ THE ABOVE WAIVER STATEMENT AND SIGN IT OF MY OWN FREE WILL.

Signature of Parent/Guardian _____ Date _____

Please Print Name _____

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

College Ave. Church cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing College Ave Church's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to attend our services and/or enter onto our premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to attend College Ave. Church's services and enter our premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against College Ave Church and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to attending College Ave. Church's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Student Signature: _____ Date: _____

Student Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Parent Signature: _____ Date _____

Parent Name (printed): _____