

Release and Authorization for Medical Treatment

I, _____ of _____, am the
Parent or Guardian's Printed name CITY, COUNTY, and STATE
() Father, () Mother, () Legal Guardian of _____ a minor of
Student's Printed Name
_____, of whom I have full custody and control, who will be attending
CITY, COUNTY, and STATE

Various Youth Activities sponsored by Cornerstone Church of the Nazarene, South Texas District, or the South Central Region of
the Church of the Nazarene from January 1, 2016 to January 31, 2017. I consent to the necessary medical and/or dental
treatment, including the decision for hospitalization and, if necessary, surgery, hereby authorizing Cornerstone Church of the
Nazarene/South Texas District Church of the Nazarene, or its duly authorized representative or sponsors of said activity, to
secure the necessary medical and/or dental treatment for said minor child and to receive any necessary medical treatment.

The following information is given relative to said minors child's medical history:

Allergies: _____

Medication Being Taken: _____

Date of Last Tetanus Shot: _____

Physical Impairments: _____

Other pertinent facts to which physicians should be alerted: _____

Insurance Company: _____ Policy #: _____
(Please attach a copy of insurance card)

Dated this ___ day of ___, 20__

Signature of Parent or Guardian

Witness due to the nature of this document Malinda can't serve as witness

In consideration of permission granted to minors by Cornerstone Church of the Nazarene/South Texas District Church of
the Nazarene, to participate in All activities of Cornerstone Church of the Nazarene, I hereby release and discharge Cornerstone
Church of the Nazarene/South Texas District Church of the Nazarene, its representatives, agents, employees, sponsors, or officers
from all claims, demands, actions, judgements, and executions which the undersigned ever had, or now has, or may have, or whi ch
the undersigned's heirs, executors, administrators, or assigns, for all personal injuries, known and unknown, and injuries to
property, real or personal caused by, or raising out of the above described activity, including transportation to and from said activity
and participation therein by said minor.

I further acknowledge that from time to time, it may become necessary that the minor be transported across state lines
in order to participate in activities of the Church, and I hereby grant permission that the said minor may be allowed to cross state
lines in order to participate in any such activity, and hereby release the said Cornerstone Church of the Nazarene/ South Texas
District Church of the Nazarene, its representatives, agents, employees, sponsors, or officers from all liability there from.

Dated this ___ day of ___, 20__

Signature of Parent or Guardian

Witness due to the nature of this document, Malinda can't serve as witness

I hereby acknowledge that on this Youth Trip, that the minor will participate in various activities that need permission slips
signed. I grant permission to Malinda Crews and/or other adult sponsors to sign permission slips either in writing or electronically.

Signature of Parent or Guardian

Witness due to the nature of this document, Malinda can't serve as witness