

YOUTH MINISTRY - PERMISSION/MEDICAL RELEASE FORM - 2017

Please write legibly and fill out completely. An electronic form is available at NovaChurch.org on the Youth Ministry page for you to fill out, print, and sign.

Minor's Name _____ Sex _____
 Address _____ City _____ State _____ Zip _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Text? ____ Date of Birth: _____

Medical Insurance Information

Insurance Company: _____ Phone Number: (____) _____
 Policy Number: _____ Group Number: _____
 Physician's Name: _____ Phone Number: (____) _____
 Dentist's Name: _____ Phone Number: (____) _____

Emergency Contact Information

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: (____) _____ home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/>	Phone: (____) _____ home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/>
Phone: (____) _____ home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/>	Phone: (____) _____ home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/>

Health History

Allergies (medicine, food, etc.): _____
 Medications being taken: _____
 Physical Impairments: _____
 Date of last tetanus shot: _____

PERMISSION & RELEASE

As the parent (or guardian) of the above named attendee, I grant permission for my son or daughter to attend Nova Community Church's 2017 activities and events and authorize Nova Community Church and its chaperons, to transport and supervise my child in connection with his or her attendance at the various activities throughout the 2017 year. I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. I do further hereby give, release, absolve, indemnify, and agree to hold harmless, Nova Community Church, its Board, staff, volunteers, and persons transporting my son/daughter to and from the activity and associated activities from any claim arising out of injury to my son or daughter, except to the extent such harm is the result of the intentional misconduct of Nova Community Church or such other party seeking to enforce this release.

MEDICAL CARE AUTHORIZATION

I hereby consent to any x-rays, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. In the event I cannot be reached in an emergency, I give permission to the activity leader(s) to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my child. I understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian I hereby agree that I am financially responsible, either personally or through my health insurance plan, for any dental, medical, or hospital care or treatment that is given to my child.

WAIVER OF PUBLICITY

I give permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection with Nova Community Church's youth ministry, to be used for educational, religious purposes, or media coverage.

Signature _____ Date _____

Name (please print) _____ Relationship: Parent Guardian