

mvteens.com the medical and liability release form

Student Name _____ Grade _____ Age _____ Birthdate _____
Medical Insurance Group Policy# _____
Claim Office Address: _____
Claim Office Telephone #: () _____
Where parent can be reached (address): _____
Home phone:() _____ Cell Phone() _____ Work Phone() _____
List any medical problems, conditions, allergies, medications student is presently taking and any medication reactions: _____
Blood Type: _____ Date of last Tetanus shot: _____
Physicians name, address, and telephone#: () _____

PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT

Herein "Parent/Guardian"
Or if over 18, your name

Mt View Church of the Nazarene
Herein "Organization"

Herein "Minor"

Youth Minister/Director/Sponsor
Herein "Agent"

The above named Parent/Guardian of the Minor has entrusted 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/Guardian 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 to practice medicine under the laws of Arizona or under 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 laws of Arizona or the laws of the State or Country in which 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 and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, 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.

The Parent/Guardian hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon completion of treatment. This authorization is given pursuant to A.R.S §44-133 and any similar provisions of the State or Country in which the medical or dental care is being sought. The Parent/Guardian specifically acknowledges that Agent is standing *in loco parentis* for the minor child.

The Parent/Guardian hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent, or the Organization, under this authorization.

Furthermore, Parent/Guardian voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers and employees, 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 ____/____/____ unless sooner revoked in writing delivered to said Agent.

Parent/Guardian Signature(if over 18 please sign for yourself)

Date

THIS PORTION TO BE COMPLETED BY NOTARY

STATE OF _____

COUNTY OF _____

Sworn to before me and subscribed in my presence this

(seal)

_____ day if _____, 20____

Notary Public

Expiration Date

This Document must be notarized to attest to the authenticity of the signatures contained herein.