

**Indianapolis First Church of the Nazarene  
Medical and Liability Release Form**

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Father/Gaurdian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother/Gaurdian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy/Group #: \_\_\_\_\_ Subscriber/ID #: \_\_\_\_\_  
Known Allergies: (food, insects, drugs, etc) \_\_\_\_\_

Health Conditions/ Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

**Consent to Medical Treatment of Minor and Release of Liability**

\_\_\_\_\_ has my/our permission to go on retreats, trips and other offsite events in conjunction with the youth ministry of IndyFirst Nazarene. Please seek any medical assistance needed while he/she is with this group. We \_\_\_\_\_, parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult workers from Indianapolis First Church of the Nazarene of Indianapolis, IN, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision or any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also agree to pay for all charges associated with the care of my child. I knowingly release, absolve, indemnify and hold harmless Indianapolis First Church of the Nazarene and its agents and employees from all claims that might result from any injury or death of any minor.

**I/We have read and understand the above document. By signing this document we hereby release Indianapolis First Church of the Nazarene of Indianapolis, IN from any and all liability for personal injury or damage to property.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Office Use: