

Annual Medical Release
Effective September 1, 2016 to August 31, 2017
REQUIRED For Participants 17 Years or LESS

Plattsburgh Church of the Nazarene
187 Broad Street -- Plattsburgh, NY 12901
(518) 561-1960
www.plattsburghnazarene.org

STUDENT INFORMATION

Student's Name: _____ Date of Birth: ____ / ____ / ____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Cell: (____) _____ Email: _____
Check One: Male Female School Attending Fall 2015: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Parent (s) /Guardian Name (s): _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Cell: (____) _____ Email: _____

OTHER EMERGENCY CONTACTS

1) Name: _____ Relationship to Child: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Cell: (____) _____ Email: _____

2) Name: _____ Relationship to Child: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Cell: (____) _____ Email: _____

MEDICAL BACKGROUND

Does this student have any medical/health problems or any chronic/recurring illness or illnesses which would have an effect on the student's participation in activities sponsored by the Church?

No Yes If yes, please describe: _____

Is this student required to observe any dietary restrictions?

No Yes If yes, please describe: _____

Does this student have any medication or food allergies:

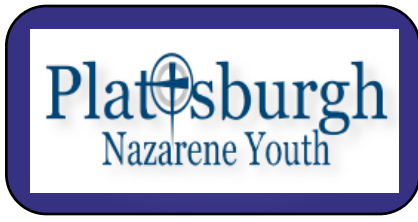
No Yes If yes, please list: _____

Is this student on any medications?

No Yes If yes, please list: _____

Indicate the date of this child's last tetanus shot: ____ / ____ / _____ Hospital Preference: _____

Please Be Sure to Fill Out Both Sides/Pages of this form!



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INSURANCE

Is there medical or hospitalization insurance which provides benefits for this child? No Yes If yes, please indicate:

Name of Insurance Company: _____ Phone: (____) _____

Name of Policy Holder: _____ Policy Number: _____

MEDICAL/INSURANCE AUTHORIZATION

I understand that this Annual Medical Release Form is effective from the date of September 1, 2014 through the date of August 31, 2015. To the best of my knowledge, I have listed above all of my student's medical allergies, medications being taken, medical problems and other pertinent information and that it is my personal responsibility to report any changes in the information I have provided directly to the church office at (518) 561-1960.

I further understand that, in the event my student requires medical treatment while engaged in church activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I give the Plattsburgh Nazarene Church Youth Pastor, David Perry and/or a person selected by the church to act in their best judgement. I give permission to the physician selected by the event supervisors to hospitalize and/or secure proper treatment for, and to order injection, anesthesia, or surgery for my child. It is my understanding that all accidental health care and medical attention needed while with Plattsburgh Church of the Nazarene will be billed to me.

I further understand that this church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and this church's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from this church's medical and hospitalization coverage.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: ____ / ____ / ____

PHOTO AND VIDEO AUTHORIZATION

Plattsburgh Church of the Nazarene maintains a church website (www.plattsburghnazarene.org), a Facebook page and Youth Group Facebook Page, and we may post pictures and/or videos of church activities on these sites, or as part of a monthly newsletter. Pictures and/or videos may also be displayed on church bulletin boards, presentations, and in church flyers/brochures/directories, and in outside publications such as local newspapers. Because your student's image may be included in these pictures and/or videos, we must obtain your permission to post these pictures and/or videos. Although student names may be used in publications, no other personal information will be posted.

Please initial one of the two statements below:

_____ YES, I give my permission for my student's image to be included in photos and/or videos as outlined above.

_____ NO, I do not give my permission for my student's image to be included in photos and/or videos as outlined above.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: ____ / ____ / ____