

Medical and Photo Release Form

Southeast Field NYI'S PK Retreat

Date Completed: ____/____/____ (Valid only for one year)

Child's Name: ____ Birthday: ____/____/____
Last First Middle

Home Address: ____
Street City State Zip

Parent/Guardian's Home Phone: ____ Business Phone: ____ Cell Phone: ____

In case of emergency call: ____ Emergency Phone: ____
Name

Medical Insurance Company: ____ Medical Insurance Phone: ____

Insurance Policy No.: ____ Group No.: ____

Last physician exam was within the last: ____ 1 year ____ 2 years ____ 3 years

I believe my child's health to be: ____ Excellent ____ Above Average ____ Average ____ Below Average

Any problems requiring special attention (such as allergies to medications, etc.): ____

HEALTH HISTORY (PLEASE CHECK ONLY THOSE THAT APPLY):

____ Asthma	____ Appendicitis	____ Bleeding Trait	____ Congenital Defect
____ Convulsions	____ Depression	____ Rheumatic Fever	____ Mental Health Problem
____ Hay Fever	____ Hepatitis	____ High Blood Pressure	____ Migraine Headache
____ Sinus Trouble	____ Epilepsy	____ Nervous Stomach	____ Suicide Attempt
____ Diabetes	____ Hypoglycemia	____ Typhoid Fever	____ Thyroid Underactive

Immunizations/Infections: ____ German Measles ____ Mumps ____ Polio-Oral
____ DPT (baby) ____ Tuberculosis ____ Other: ____

Date of last Tetanus Shot: ____/____/____ (Month/Day/Year)

This release gives us permission to take your child to the nearest medical facility and have treatment administered. Many hospitals will not administer any medical attention to a minor without some parental consent.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Southeast Field NYI their permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by a physician and agreed upon by First Church of the Nazarene. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Southeast Field NYI from liability in acting on my behalf in this regard.

I give my permission for my child's photo/video to be used in any publication such as a flyer, website or denominational advertising that further promotes the Southeast Field PK Retreat.

Parent/Guardian's Name (please print): ____

Parent/Guardian's Signature: ____

Date: ____

I do **NOT** give permission for my child's image to be used. (Initial here) ____

NOTARY INFORMATION

State of ____, County of ____

Subscribed and sworn to me, in my presence this ____ day of ____, 20____

Notary: ____

Expiration Date: ____