KENTUCKY DISTRICT MEDICAL RELEASE FORM

This form provides general information concerning my child and will be used in conjunction with a permission release provided with each individual Kentucky District NYI event. If pertinent medical information changes between events I am responsible for updating the Kentucky District NYI of such changes.

I, _____, the legal guardian of _____ authorize the
Parent/Legal Guardian *NYI Participant*

leadership of the Kentucky District NYI to care for the administration of general first aid treatment for any minor injuries received to my child during Local or District events.

If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of the Kentucky District NYI, or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that Kentucky District NYI events will require my son/daughter to make choices and keep a schedule, and that he/she may not be under direct adult supervision at all times.

I realize that any trip/activity carries with it a risk factor and, regardless of how carefully a trip is planned and supervised, accidents can occur. I agree to release and hold harmless any staff, lay assistants, and/or representatives of Nazarene Youth International Ministries, the General Church of the Nazarene, and/or the Kentucky District NYI, and/or from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their exercise of the power granted by this authorization.

This liability release is valid from January 1, 20___ through December 31st, of this same year for all Local NYI, Kentucky District NYI and Regional NYI Events.

FOR ALL PARTICIPANTS:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: _____

TEEN: I have read and understand the conduct guidelines for the Kentucky District NYI and promise to live within these guidelines during Local and Kentucky District NYI events. I also promise to cooperate with Local Church and Kentucky District NYI sponsors and be under their authority. I am aware that failure to do so will result in disciplinary action and possible expulsion from the event.

_____
(Teen Signature)

PARTICIPANT EMERGENCY CONTACT INFORMATION:

Emergency Contact(s): _____

Relationship(s): _____

Phone Numbers: (home)_____(work)_____(cell)_____

List the name(s) and dosage(s) of any medications the participant takes on a regular basis:

_____

_____

List any allergies: _____

List any medical conditions, surgeries, or activity limitations: _____

_____

(Please complete reverse side)

STUDENT HEALTH INSURANCE INFORMATION:

Doctor's Name: _____ Phone Number: _____

Health Insurance Company: _____

Policy #: _____ Insurance Co. Phone #: _____

_____ _____

Signature of Parent/Legal Guardian **Date**

Following section to be completed by Notary Public

Before me, a Notary Public, in and for said County and State/Province, this _____ day of _____, 20____, personally appeared _____ and

Parent/Guardian

acknowledged execution of the foregoing. IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

STATE OF: Kentucky COUNTY OF: _____

Notary Public Signature: _____

Commission expiration date: _____

NOTARY SEAL:

LOCAL YOUTH SPONSORS MUST RETAIN THIS ORIGINAL RELEASE FORM THROUGHOUT THE 20_____ CHURCH YEAR FOR ANY MEDICAL EMERGENCIES.

A COPY OF THIS FORM MUST BE AVAILABLE TO THE REGISTRAR OF KENTUCKY DISTRICT NYI EVENTS.