

Authorization for Emergency Medical Treatment

I, _____, of _____,
(name of parent or guardian) (City)
_____, _____ am the Father Mother legal guardian of
(County) (State)
_____, a minor of _____,
(Name of minor child) (City) (State)
_____, of whom I have full custody and control, who will be attending
(County)

BLAST mostly at North County Christian School and Ferguson Church of the Nazarene.

I consent to the necessary medical and/or dental treatment, including the decision for hospitalization, and if necessary, surgery, hereby authorizing the Missouri District Church of the Nazarene to secure the necessary medical or dental treatment for said minor and to receive any necessary assistance.

The following information is given relative to said child's medical history:

Allergies: _____

Medications being taken: _____ Date of last tetanus shot: _____

Physical Impairments: _____ Other pertinent facts to which physicians should be alerted: _____ Insurance Company: _____

Policy Number: _____

Dated this _____ day of _____, 2008 at
(City and State)

Signature of parent or guardian _____

Release of All Claims

Release made the _____ day of _____, 2008 by _____,
(Day) (Month) (Name of parent of guardian)
of _____, _____ as Father Mother
(City) (State) (County)
legal guardian of _____.
(Name of minor child)

In consideration of permission granted by child by Missouri District Church of the Nazarene NYI to participate in BLAST, I hereby release and discharge Missouri District Church of the Nazarene NYI, its agents, executors, administrator, or assigned employee may have, or claim to have against Missouri District Church of the Nazarene NYI, its successors or assigned employee, for all personal injuries, known or unknown and injuries to property, real or personal, caused by, or arising out of, the above described BLAST to be held mostly at North County Christian School and Ferguson Church of the Nazarene

I, the undersigned, have read this release and understand its terms, I execute it voluntarily and with full knowledge of its significance. I have executed this release as a parent or guardian of the above child as stated above.

Signature of parent of guardian: _____

Signed and sworn before this _____ day of _____ 2008 by _____

State of _____ County of _____