

**UXBRIDGE CHURCH OF THE NAZARENE  
PARENT/GUARDIAN MEDICAL RELEASE AND CLAIM WAIVER**

Youth Name		Date of Birth / /
Address		Home Phone
Emergency Contact	Relationship to Youth	Phone

**MEDICAL INFORMATION FOR YOUTH**

Doctor's Name		Phone
Insurance Company	Policy#	
Date of Most Recent Tetanus Shot / /	Medications/dosages	
Allergies	Other pertinent health information	

As a parent and/or guardian of above said youth, \_\_\_\_\_, I hereby certify that all information above pertaining to said youth is correct. I hereby waive any and all claims against the Church of the Nazarene, local, district or general divisions or any of its District Boards or their individual representatives or members, as well as any person or company that any of these may hire for entertainment or activity for said groups; for any injury, accident or other damage to person or property of the said youth in connection with or incident taking place during or in route to and/or from any activity or event sponsored by any division or chapter of the Church of the Nazarene from the date of this agreement until and including the eighteenth (18th) birthday of said youth.

Furthermore, I hereby grant permission to any adult sponsor of the Church of the Nazarene, Nazarene Youth International district, division or chapter to obtain emergency medical treatment for said youth in my absence. I understand that every reasonable attempt will be made to contact me prior to administration of emergency treatment, surgery or admittance of said youth to a medical facility. I further understand that such emergency treatment will ONLY be administered by one or more licensed medic(s), nurse(s), physician(s), doctor(s), surgeon(s) or hospital staff.

EXCEPTIONS TO THIS RELEASE: I understand that a separate medical release and claim waiver shall be signed prior to said youth attending and/or participating in the following activities:

_____	_____
Signature of Parent or Guardian	Today's Date

**\*OPTIONAL NOTARIZATION**

*We prefer, but do not require, that this form be notarized, in which case it must be signed in the presence of a notary public.*

I hereby attest that the above documentation was signed in my presence on the \_\_\_\_\_ day of \_\_\_\_\_,

in the year, \_\_\_\_\_ in the county of \_\_\_\_\_ in the state of \_\_\_\_\_.

I am a notary public in said county of said state and my commission expires\_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary's Signature