

FLORIDA DISTRICT NYI

ANNUAL Medical/Liability/Media Release

Instructions: This form must be filled out in its entirety and to the best of your ability as the parent/guardian of this student. Please note that this is a two-page document, with a place for a notary signature and stamp on page two that must be completed. If extra space is needed to complete the medical information, please use the empty space on the back of this form. Do not use another sheet of paper to ensure all information is included on this form.

Student Name _____ **Age** _____ **Grade** _____ **Gender** _____

Address (with city & zip) _____

Parent/Guardian Phone: Home _____ **Cell** _____ **Work** _____

Emergency/Alt. Contact _____ **Phone** _____

Insurance Company _____ **Policy #** _____

Family Doctor _____ **Dr. Phone** _____

Medications _____

Allergies _____

Past Surgeries _____

Known Medical Issues _____

Last Tetanus Shot _____

Church Name _____ **Youth Pastor/Leader** _____

Church Phone # _____ **Youth Pastor/Leader Cell #** _____

Medical Waiver

As parent/guardian of this student, I certify that this information is complete and accurate to the best of my knowledge. I hereby give permission for my child to receive any over the counter medications except for the following: _____. In the event that I cannot be reached, by signing this form I hereby give permission in the event of illness or injury for the physician or other health care professional selected by the representatives of the Florida District Nazarene Youth International (heretofore FLD NYI) to order such tests and treatments as is deemed necessary to safeguard the health of my child. I also give authority to above said professional to hospitalize, secure proper treatment and order injections and/or anesthesia and/or surgery for my child. Furthermore, I do not hold FLD NYI responsible for any illness (including but not limited to Covid-19) my child may contract while traveling to/from or in attendance of a FLD NYI Event.

Liability Waiver

I hereby waive any and all claims, suits, costs, and actions of any kind whatsoever against and hold harmless FLD NYI and its representatives due to injury or other damage that may be incurred to this student.

Media Waiver

I give FLD NYI the right to use video and/or still photography of my child for any appropriate promotional use.

Damage Liability

I assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I understand that this form will remain on file and active for all district events my child will participate in for the _____ calendar year or in the case of medical information changes. I understand that it will be my responsibility to ensure the medical information remains current.

Signature Section

By signing below, I (parent/guardian - *please print*) _____, agree to all of the above statements and testify that all of the information that I have provided is, to the best of my ability, correct and up to date.

By signing below, I (student - *please print*) _____, commit to making safe and wise choices that are respectful of both written and verbal instructions/expectations given by FLD NYI leadership while under the care of FLD NYI.

Student Signature _____ **Date** _____

Parent / Guardian Name _____

(Please print legibly)

Parent / Guardian Signature _____

(Must be signed in the presence of a Notary Public)

Notary Section

Before me, A Notary Public, in and for said County and State/Province this _____ day of _____ 20_____ personally appeared _____ and acknowledged execution of the foregoing, in witness, I have hereunto set my hand and Notary Seal.

State/Province of _____ County of _____

Notary Public Signature _____

My Commission expiration date ___/___/_____

Notary Seal _____