

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, if extra space is needed to complete the medical information, please use the empty space on the bottom 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:

Street _____ 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 _____ (NOT JUST FIRST CHURCH)

Youth Pastor/Leader _____ 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 _____ NYI event calendar year (covering all events from January 1st to December 31st or in the case of medical information changes. I understand that it will be my (the parent's or guardian's) 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 _____