

Annual Medical Release & Permission Form

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by Catalyst Youth Ministries and Mount Vernon First Church of the Nazarene from August 12, 2018 to August 31, 2019. By signing this form, I am also giving permission for my child's photos/videos to be used in yearbooks, event promotion, slide shows and youth web site and social media sites.

If I agree with everything else, EXCEPT granting a photo release, I must check here:

_____ Do **NOT** allow my child's picture to be used.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

Please attach a copy of your current insurance card to this form.

DO NOT STAPLE!