

# LIABILITY/MEDICAL RELEASE FORM

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Group: \_\_\_\_\_ Policy #: \_\_\_\_\_

Claim Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

List Any Medical problems, conditions, allergies (including medicines), and medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR

\_\_\_\_\_  
Herein "Parent /Guardian" or if over 18

CrossRoads Student Ministries  
AZ/SO NV N.Y.I. "Organization"

\_\_\_\_\_  
Herein "Minor"

Andy McClure & Joni Castle  
Youth Pastor/Director/Sponsor Herein "Agent"

I the above named Parent/Guardian of the Minor has entrusted the Minor into the care of the Agent, a duty authorized representative of CrossRoads Nazarene Church, while the Minor participates in an activity sponsored by CrossRoads Nazarene Church and for the welfare of the Minor. I do hereby grant to the above mentioned Youth Pastor/Director/Sponsor, full power and authority to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Laws of the State/Country in which the medical care is being sought and on the medical staff of any hospital or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance, but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examinations, anesthetics, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of the laws of the State/Country in which the medical or dental care is being sought. The Parent/Guardian hereby authorizes any hospital which has provided treatment to the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to provisions of the laws of the State or Country in which the medical or dental care is being provided. The Parent/Guardian hereby agrees to pay all costs of medical or dental care incurred for the Minor by the Agent, or the Organization, under this authorization. Also, I the undersigned further state that I do hereby grant to the *Youth Pastors/Directors/Sponsors* full power and authority to control and discipline the aforementioned child/teen, but that such authority shall not extend to or include any form of physical corporal punishment to said child/teen. I expressly waive any and all claims against the CrossRoads Nazarene Church and/or any of its Pastors, Boards and its leaders and representatives, because of illness, injury, or damage to the person or property of the aforementioned child/teen in connection with said activity.

\_\_\_\_\_  
Parent/Guardian Signature (If over 18 please sign yourself)

(this portion completed by notary)  
State of: \_\_\_\_\_  
County of: \_\_\_\_\_  
Sworn to me and subscribed in my presence  
This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date

<SEAL>