

Transportation Permission, Medical Information, Liability Release Form

Child's name _____ birth date _____ grade _____

Address _____ Phone _____

Parents/guardians name _____

Being the parent or legal guardian of the above named child, I hereby give my consent for my minor child to be transported by and participate in activities at Mesa First Church of The Nazarene.

I understand that all reasonable safety precautions will be taken by the leaders, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Mesa First Church of The Nazarene, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the Church will be used as the secondary coverage.

Allergies/conditions/medicines being taken to be aware of: _____

In the event I cannot be reached quickly, please contact:

_____ name _____ relationship _____ phone #

or

_____ name _____ relationship _____ phone #

_____ today's date _____ parent/guardian signature _____ contact phone #

Mesa First Church of The Nazarene
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