

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 for 1 year from notarization 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.

Circle one: Parent or Natural/Legal Guardian

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 _____