

Revival Student Ministries
2016-2017 Annual Parent/Medical Release Form

*Please print legibly

Student's Name: _____ Birthdate: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Mother's Name: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Email: _____ Mother's Email: _____

Non-Parent Emergency Contact: _____ Phone Number: _____

Medical Information:

Insurance Company: _____ Policy/Group Number: _____

Family Physician: _____ Phone Number: _____

Medical Restrictions/ Allergies/ Medications: _____

Parent Release:

I, _____, give my permission to First Nazarene to make necessary medical decisions for the well-being of my child, _____, while he/she is participating in any Student Ministries event. This authorization shall remain in effect until August 31, 2017.

Parent Signature: _____ Date: _____

Multi-Media/Photographic Release:

The Parent hereby authorizes said Agent to use photos of minor on forms, brochures, and internet for promotional purposes of future events. Photos of child shall remain the exclusive property First Nazarene and shall be used without notice or compensation.

Parent Signature: _____