

# AGCN Youth

## 2008-2009 Medical Release Form

**You must sign and return to participate in any youth out-of-town activities!**

### Student Registration and Liability Release Form

Student's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, the legal parent or guardian of

\_\_\_\_\_ do hereby release Amazing Grace Church of the Nazarene, staff, and volunteers from any and all liability in case of accident or illness while traveling to and from and participating in the event sponsored by the church. I authorize any medical care deemed necessary by an accredited physician, nurse or hospital for the health and well being of my student.

Parent Name(s): \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy #: \_\_\_\_\_

List (if any) medicines the student is allergic to: \_\_\_\_\_

Medications the student is currently taking: \_\_\_\_\_

Any medical conditions we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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