

2011-2012 School Year

S.M.E.R.F. (Student Medical Emergency Release Form)

Parent / Guardian Name(s) _____

Home Phone _____ Cell Phone _____ Email _____

Health Insurance Company _____

Policy # _____ Group # _____

MEDICAL RELEASE: In case of emergency I understand that reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of the Twin Falls Church of the Nazarene the permission to act in my behalf to seek emergency medical treatment for my child in the event that such treatment is deemed necessary by him or her. I give permission to any licensed physician selected by the agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances; and hereby absolve Twin Falls Church of the Nazarene, its agent and employees from any and all liability resulting from their conformance with these instructions.

I understand that my insurance coverage will be used as the primary coverage for my child in the event of a medical intervention is needed. In many instances, coverage by TFNaz through it's accident policy may be used as a backup for what my families insurance does not cover.

I understand that reasonable safety precautions will be taken at all times by TFNaz and its agents during the events and activities. However, even with the best planning and precaution, unforeseen incidents can occur. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Twin Falls Church of the Nazarene, its leaders, employees, or volunteer staff liable for damages, losses, diseases, injuries, or pain and suffering incurred by my child named on this form.

I give permission for my child to ride in any vehicle designated by activity organizers while attending and participating in activities. If it is necessary for my child to return home due to any medical, disciplinary, or other reason, I will assume all the transportation costs.

PARENT/GUARDIAN SIGNATURE DATE

Participant Liability Release: As a participant in activities sponsored by TFNaz, I agree to hold harmless the Church of the Nazarene, its leaders, employees, and/or volunteer staff for damage, losses, diseases, injuries, pain, or suffering which I may incur while in attendance at or as the result of the attendance at events and activities.

SIGNATURE OF PARTICIPANT DATE

Student Name:

Male

Female

Address, City, Zip:

Phone:

School:

Grade:

Birthday:

Student Email:

TFNaz & EPIC
1231 Washington St. N
Twin Falls, ID 83301

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IF PARENT / GUARDIAN IS UNREACHABLE IN AN EMERGENCY,
THE FOLLOWING INDIVIDUAL WILL BE CONTACTED

Name(s): _____

Address: _____

City / State/ Zip: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

HEALTH HISTORY

Family Doctor: _____ Phone: _____ City: _____

Medical Conditions:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Insect Sting Allergy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Frequent Stomach Aches | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Impaired Eyesight | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Other Allergies |

If you checked any of the above, please give details: (include extent of issue & normal treatments).

List any pre-existing medical conditions or allergies that may be relevant in the event of injury:

Date of last Tetanus Shot _____ Does your child wear contact lenses? _____

Name, dosage, and times of any medications that must be taken:

Name	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your child's swimming ability? Excellent Average Poor Non-swimmer

Explain any activity restrictions that your child may have: _____

