2010 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.

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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.

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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:

( ) Insect Sting Allergy ( ) Diabetes ( ) Physical Handicap ( ) Other ____________

( ) ADD/ADHD ( ) Frequent Colds ( ) Frequent Stomach Aches ( ) Epilepsy

( ) Heart Condition ( ) Hearing Loss ( ) Impaired Eyesight () Depression

( ) Asthma ( ) Drug Allergies ( ) Hay Fever () Other Allergies

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

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

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____

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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**

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____

____

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

Explain any activity restrictions that your child may have: ______________________________

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