

Zillah Nazarene Church
Youth Event Release & Medical Consent Form

Participant Information

Full Name: _____

Date of Birth: ____ / ____ / ____ Grade: _____

Address: _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Phone Number (Primary): _____

Phone Number (Secondary): _____

Email Address: _____

Emergency Contact (other than parent/guardian)

Name: _____

Relationship to Participant: _____

Phone Number: _____

Medical Information

Allergies (food, medicine, etc.):

Medications Currently Taking:

Medical Conditions:

Primary Doctor Name & Phone:

Health Insurance Provider: _____

Policy Number: _____

Consent and Release

I, the undersigned parent or legal guardian of the above-named participant, give permission for my child to participate in all youth events and activities sponsored by Zillah Nazarene Church. I understand that reasonable precautions will be taken to ensure the safety and well-being of my child.

I authorize the adult sponsors or leaders of Zillah Nazarene Church to obtain emergency medical treatment for my child if necessary. I understand every effort will be made to contact me prior to such action. I also release Zillah Nazarene Church, its staff, and volunteers from liability in the event of accident or injury during any youth event.

Photo & Video Release

I give permission for Zillah Nazarene Church to photograph or video my child during church-sponsored youth events. I understand that these images may be used in church-related publications, printed materials, websites, or social media for promotional purposes. No further notice or compensation will be provided.

Signature

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: ____ / ____ / _____