



**University Boulevard Nazarene Church  
Summit Youth Ministry  
Annual Medical & Event Release Form  
3930 University Blvd. South  
Jacksonville, FL 32216  
904-737-4755**

Date Completed: \_\_\_\_\_

**STUDENT INFORMATION:**

STUDENT'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: M / F

SCHOOL: \_\_\_\_\_

STUDENT'S CELL #: \_\_\_\_\_ STUDENT'S EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ALLERGIES / MEDICAL INFORMATION YOUTH STAFF SHOULD BE AWARE OF:  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

MOTHER / GUARDIAN \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FATHER / GUARDIAN \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACTS: (OTHER THAN PARENTS LISTED ABOVE)**

1) NAME(S): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE # \_\_\_\_\_

2) NAME(S): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE # \_\_\_\_\_

**NOTES / INFORMATION:**

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



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**Student Ministry's Programs:** The form is needed for your child to participate in Weekly Programs or any special event held by University Boulevard Church of the Nazarene (UBNC). All information must be correctly and entirely filled out. This information will be used to ensure your child has the best and safest time in UBNC's Student Ministry Programs. This form will be valid for 1 year from date signed.

**Medical:** Precautions are taken for the safety and health of your child, but in the event of accident or sickness, University Boulevard Church of the Nazarene, its staff and volunteers are hereby released from liability. If your child requires special medication, x-rays, surgery, or other medical treatment, effort will be exercised to contact the person listed on this form. However, if notification is not possible, by signing below you hereby authorize University Boulevard Church of the Nazarene, staff and volunteers to seek medical attention for your child on your behalf.

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

POLICY # \_\_\_\_\_ PHONE # \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ALLERGIES, MEDICATIONS, OR OTHER IMPORTANT INFORMATION:

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

**PROMOTIONAL:** Photographs, video, and audio are taken at our programs. These media tools are for promotional and educational use only and to share our events with Church and Community. By signing below you authorize University Boulevard Church of the Nazarene, staff and volunteers to photograph, video, or record your child for the purpose of advertising and promotions.

**RULES:** By signing below you agree that your child will make every effort to abide by the rules and safety guidelines of the program, and events of the University Boulevard Church of the Nazarene. Should your child refuse to abide by the rules, disrupt programs or other children, they will be removed from the program / activity until they are ready and able to return. If your child repeatedly chooses not to abide by the rules, they will be sent home at the parents expense and asked not to return for a short period of predetermined time.

**TRANSPORTATION:** By signing below I give my child permission to ride the church van or the personal vehicle of an approved adult leader when necessary for University Boulevard Church of the Nazarene sponsored events. Your child will not ride alone in a vehicle unless with a parent / guardian's consent. By signing below you are giving your child permission to attend any of the above programs and ride in our vans.

As a parent or guardian, I agree will all of the statements above my signing.

**PARENT (PRINT):** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**The Following Section MUST be Completed By Notary Public if the Participant is a Minor:**

Before me, a Notary Public, in and for said County and State/Province, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

STATE / PROVINCE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_