



PazNaz Student Information and Release Form 2023/2024

* Please print legibly

Parent/Guardian One Name _____ Relationship _____
 Address: _____ City: _____
 Apt/Unit: _____ State: _____ Zip Code: _____
 Home Phone Number: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____
 Home Church, if any: _____

Parent/Guardian Two
 Name _____
 Address: _____ City: _____
 Apt/Unit: _____ State: _____ Zip Code: _____
 Home Phone Number: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____
 Home Church, if any: _____

Student(s) Information:

Student's Name Birth date (MM/DD/YY) Age School Grade Gender

1.					
2.					
3.					
4.					
5.					
6.					

Medical Information:

Insurance Carrier: _____ Policy #: _____
 Name of responsible party: _____
 Address: _____

Family physician: _____ Phone #: _____

List all medical conditions: _____

List all allergies:

Food - _____
 Drug - _____
 Other - _____

Medications required: _____

Special Accommodations needed: _____

Additional information needed to insure safety and care of child(ren) while in the care of PazNaz ministries:

Emergency contact name (other than parent/Guardian): _____

Relationship: _____ Phone: _____

CONSENT TO TREATMENT OF MINOR AND RELEASE

Herein "Parent/Guardian" _____
Herein "Student(s)/Minor(s)" _____
Herein "Organization" : First Church of the Nazarene of Pasadena
Herein "Agent": First Church of the Nazarene of Pasadena, and staff

The above-named Parent/Guardian of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor. The Parent/Guardian does hereby authorize the Agent as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the California Dental Practice Act or the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought. The Parent/Guardian hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being provided. The Parent/Guardian hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent and the Organization, under this authorization. Furthermore, Parent/Guardian voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers, employees, and volunteers for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization's administration of or failure to administer medicine or medication to Minor, save and except only those claims due to Organization's fraud, gross negligence or willful injury to the person or property of Minor, or violation of law. These authorizations shall remain effective until **August 31, 2023**, unless sooner revoked in writing delivered to said Agent. No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement.

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN PARENT/GUARDIAN AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Parent's/Guardian's Name (please print): _____

Parent's/Guardian's Signature: _____ Dated: _____

MULTI-MEDIA/PHOTOGRAPHIC RELEASE

The Parent/Guardian hereby authorizes said Agent to use photos of minor on forms, brochures, and internet for promotional purposes of future events. Photos of child shall remain the exclusive property of First Church of the Nazarene of Pasadena and shall be used without notice or compensation.

Parent's/Guardian's Signature: _____