

East Tennessee NYI
Permission Form, Liability Release and
Authorization for Medical Treatment
For 2022

I, _____, am the parent or legal guardian of _____, hereinafter, "my child", who was is a minor. I give my permission and approval for my child to participate in the activities associated with the ministries of the East Tennessee District Nazarene Youth International (NYI) of the East Tennessee District Church of the Nazarene. I understand that some of the activities may be physically strenuous. I give permission for my child to be transported while participating in and traveling to or from these activities in a church, rental or private vehicle by designated, authorized East Tennessee NYI personnel or agents if needed. I release the East Tennessee NYI, its council members, agents and adult chaperones/volunteers from responsibility for accidental injury, including death or illness, while engaged in a sponsored activity.

In the event that my child becomes ill or sustains an injury while participating in these activities, I give permission to the council members, agents or adult chaperones/volunteers, to administer first aid. In the event of an emergency, I hereby give permission and authorize a physician and/or dentist to secure or administer emergency medical treatment including X-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment including hospital care if necessary and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed dentist, physician and/or surgeon. I understand that this consent will apply to all emergency situations and copy of this form is as valid as the original.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority to the council members, agents or adult chaperones/volunteers, to consent to treatment in the exercise his/her best judgment on what is advisable for my child's care upon advice of such physician, dentist, or surgeon. I agree to remain fully liable and responsible for the payment of such treatment. When treatment is completed, I specifically instruct any treating health care provider to release physical custody of my child to the council member or adult chaperone/volunteer, who presents my child for treatment.

I understand that the East Tennessee NYI, its council members, agents and adult chaperones/volunteers are not responsible for the loss of or damage to personal belongings brought to the activities by my child. In the event of misconduct, I authorize the council members, agents or adult chaperones/volunteers to send my child home. I agree to be responsible for the expense of transportation.

I the undersigned, do hereby verify that the health information contained on the back of this document is correct and I do hereby release and forever discharge the East Tennessee NYI, its council members, agents and adult chaperones/volunteers, from any and all claims, demands, actions or causes of action, past, present or future arising out of any accidental injury, including death or illness, or loss of property while participating in these activities. I agree to indemnify the East Tennessee NYI for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in these activities.

This authorization shall remain in effect through January 1, 2023 unless revoked in writing.

Signature of parent or legal guardian

EMAIL COMPLETED FORMS AS A PDF TO:
smorrison@cookevillnazarene.org

STATE OF TENNESSEE

COUNTY OF _____

Personally appeared before me, the undersigned Notary Public, _____, with whom I
(Parent or legal guardian)
am personally acquainted (or who proved to me on the basis of satisfactory evidence) and who acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS my hand, this _____ day of _____, 202__

Home Church _____

My commission expires: _____

Notary Public

**Additional
information**

Name of minor

DOB

Parent / guardian

Address

City

State

Zip

Home phone

Work phone

Medical / health insurance company

Insurance policy no.

In case of emergency, notify parent or guardian

Relationship to minor

Allergies / allergic reaction of my child

Medicine being taken by my child

Other information regarding my child's health that a doctor should know

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