

Dear Parent/Guardian,

This medical release form must be filled out and returned to Pastor Kelcie in order for your student to participate in any of our off-campus youth events. Please fill this out and have your student give to Pastor Kelcie. Keep this portion for your reference. Thank you!

Pastor Kelcie Exline  
Youth Pastor  
Bethany Church of the Nazarene  
Cell: 316-680-1746  
Email: [kelcieexline@gmail.com](mailto:kelcieexline@gmail.com)  
Website: [hutchbethany.com](http://hutchbethany.com)  
Youth FB: [facebook.com/inverseyouth](https://www.facebook.com/inverseyouth)  
Office: 620-262-1581

*cut along the dotted line*

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2017 Medical Release Form

Name of teen participant \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Emergency Phone Numbers \_\_\_\_\_

\_\_\_\_\_

Insurance \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Medications Regularly Taken \_\_\_\_\_ Allergies \_\_\_\_\_

Anything else the church and youth sponsors should be aware of?

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

\*The parent/guardian must deliver any medications needed during an event to Pastor Kelcie and provide written instructions regarding how to administer these medications (frequency, time, etc...)

I, \_\_\_\_\_, the undersigned, am the legal guardian of my child, \_\_\_\_\_, and do hereby give him/her permission to participate in activities with Bethany Church of the Nazarene—both on and off the church's campus. I also do hereby give permission to any adult sponsor to seek medical treatment for my child in the event of an emergency. By my signature my family and I agree to indemnify and hold harmless Bethany Church of the Nazarene and other partnering churches for any injury that might befall my child, named herein, while participating in these activities. I accept full liability to pay for any medical expenses for my child incurred in the case of a medical incident, including reimbursing the church or sponsors for any expenses paid for initial medical care.

\_\_\_\_\_  
Parent/Legal Guardian signature

\_\_\_\_\_  
Date