



Medical/Release Form
Owosso Church of the Nazarene
P.O. Box 1020 ♦ 1865 South M-52 ♦ Owosso, MI 48867
989.723.2229 or mjwkids@yahoo.com

Name: _____ Age: _____ Gender: _____

Social Security #: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (**NOT** Parent/Guardian): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The undersigned, as parent or guardian of the person listed below, hereby authorizes any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by the Owosso First Church of the Nazarene, Owosso, Mi, to authorize emergency medical treatment of the person listed above while this person is participating in any trip, excursion, or activity sponsored by the Owosso First Church of the Nazarene, Owosso, Michigan.

Signature of Parent/Guardian _____ Date _____

Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information. This Medical/Release Form is valid for all Owosso First Church of the Nazarene sponsored activities. If any of the information you have provided should change during these dates, please complete anew form and return it to the church office.

Name of Parent/Guardian: _____

Name of Insured Policy Holder: _____

Social Security #: _____

Insurance Company Name: _____

Policy #: _____ Group #: _____

List and explain any medical problems:

Please list any medications being taken and what it is being taken for:

Please list any medication that could cause allergic reaction:

Date of tetanus shot: _____