

Team Member Name: \_\_\_\_\_

(Parent signature must be notarized when applicant is 17 years old or younger.  
The exception is when a parent will be on the weekend.)

**CENTRAL TENNESSEE VIDA NUEVA TEAM MEMBER MEDICAL RELEASE**

*This form **must** be completed and appropriately signed by all weekend participants under the age of 18 prior to commencement of weekend activities. **A new form must be completed for each weekend in which the Team Member serves and will be held by the Vida Nueva Council Representative during the course of the weekend.***

Name of Team Member:

\_\_\_\_\_

Please indicate any and all medical allergies, medications being taken, medical problems or conditions, special diets (for valid, diagnosed medical conditions), or any other pertinent information (please print legibility in necessary use additional space on the back of this form).

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

Team Member Medical Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ Member # \_\_\_\_\_

Father (or guardian's) name: \_\_\_\_\_

Father (or guardian's) home, business and cell phone:

\_\_\_\_\_

Mother (or guardian's) name: \_\_\_\_\_

Mother (or guardian's) home, business and cell phone:

\_\_\_\_\_

Emergency Contact Name and phone number(s)

\_\_\_\_\_

Team Member Name: \_\_\_\_\_

(Parent signature must be notarized when applicant is 17 years old or younger.

The exception:is when a parent will be on the weekend.)

In the event of an emergency, I as parent or legal guardian of \_\_\_\_\_ do hereby authorize an adult Vida Nueva leader as agent for me, to consent to \_\_\_\_\_ receiving any X-ray, exam, medical, dental or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon or dentist, as appropriate, licensed to practice under the laws of the state where the services are rendered, either at a doctor’s office or in any hospital. I shall be obligated for all costs relative to any medical assistance and/or services rendered on behalf of \_\_\_\_\_.

I understand that CTVN will hold in confidence information I provide them except as required by law or when necessary to protect others or myself against a threat of harm.

Signature of Parent or Legal Guardian: \_\_\_\_\_

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

Signature of Weekend Participant: \_\_\_\_\_

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

**The following to be completed by the notary witnessing parent/guardian signature.**

The state of \_\_\_\_\_ the county of \_\_\_\_\_. Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Print name of Notary Public here

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Youth will be permitted to stay with ORIGINAL notary, no photocopies or electronic transmission is accepted.

-----  
**The upcoming Weekend will be at Valley View Camp 7352 Swift Road  
Greenbrier, TN 37073 615-643-7775  
Closing activities begin at 4:00 pm on Sunday and are completed no later than  
5:30pm. Please make sure arrangements for the participant’s return to their home  
have been made upon conclusion of the weekend.**