

**BASTROP CHURCH OF CHRIST PARENTAL
AUTHORIZATION AND CONSENT FOR
EMERGENCY MEDICAL TREATMENT**

I, the undersigned, attest and warrant that I have the legal authority as _____parent or _____legal guardian, to authorize emergency medical treatment for _____, a minor, and do hereby authorize Bastrop Church of Christ ("Church") to take whatever steps deemed necessary to obtain medical care for my child.

This includes:

1. Consent to transport by medical emergency medical vehicle to the nearest Emergency Medical Facility.
2. Consent to any emergency medical treatment deemed necessary by Church representative in the event of emergency situations.
3. Consent for surgery and anesthesia in the event of life threatening situations, as the attending physician may deem necessary and as related to Church.
4. Consent for physicians, nurses, technicians and other qualified medical or hospital personnel to administer medical and surgical treatment in emergency situations.
5. Release of Bastrop Church of Christ, its successors, assigns, representatives, council members, Board of Directors, employees and agents from any financial liability incurred during emergency treatment.

**PARENTAL AUTHORIZATION AND CONSENT
FOR PARTICIPATION IN ACTIVITIES**

I authorize and give my consent for my child to participate in all Church activities including sports, field trips and any other trips on and off the premises of the Church.

I hereby give my consent for my child to be transported on and off the Church premises in vehicles provided by Bastrop Church of Christ or those owned by private individuals.

Child's Name

Date

These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me.

Parent, Guardian
(Please print)

Signature

STATE OF TEXAS

SWORN to and subscribed before me on the _____ day of _____, _____, by _____ to certify which witness my hand and official seal.

Notary Public, State of Texas

HOLD HARMLESS INDEMNITY AGREEMENT

I, the undersigned, in consideration for Bastrop Church of Christ permit our child to participate in activities occurring on and off the Church premises and including field trips, sports, recreational and all other activities of any and every kind or nature whatsoever, do hereby agree to hold Bastrop Church of Christ harmless and agree to indemnify fully Bastrop Church of Christ, its trip leader(s), coordinator(s), all employees, sponsors, or volunteers associated with the activity, and for any and all judgments and damages rendered against it and including mediation and arbitration proceedings which result from and that are in any way connected with monetary physical, mental, emotional or other type claim of injury to my child that is claimed or asserted.

Child's Name

Date

These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me.

Parent, Guardian
(Please print)

Signature

STATE OF TEXAS

SWORN to and subscribed before me on the _____ day of _____, _____,

by _____ to certify which witness my hand and official seal.

Notary Public, State of Texas

Liability Release/Consent to Treat Form

Release of All Claims

In consideration for being accepted by **Bastrop Church of Christ** for participation in **all Bastrop church-sponsored youth activities**, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless **Bastrop Church of Christ** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission are hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(Type or print name of participant)

[Mother's telephone]

Father's telephone

Hospital Insurance yes no
Insurance Company _____

Policy number _____

Physician _____

Physician's phone _____

Emergency phone numbers _____

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Father Date

Mother Date

Legal guardian Date

Participant, if age 21

Trip Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip.

Participant

Medical Release and Permission Form

I give my consent for Bastrop Church of Christ trip sponsors to administer various medicines. Also authority is hereby granted to Bastrop Church of Christ trip sponsors to (1) release a copy of this health record to a medical doctor in the case of emergency and (2) place my child in the care of a legally qualified physician, surgeon, dentist, hospital, and/or designated professional when in their opinion it is necessary or best.

I further hereby authorize any legally qualified physician/surgeon/ hospitals to perform and/or furnish emergency medical treatment, surgery, medicine, equipment and services as, in their opinion, may be required.

I hereby release Bastrop Church of Christ, its sponsors, staff, elders, or representatives from any and all liabilities of any kind and nature arising out of or in connection with the placing of said physician/surgeon/ hospital, and I hereby agree to pay the reasonable costs of such treatment, surgery, medicine, equipment and services so provided.

Child's name: _____

Child's age: _____ Date of Birth: _____

Child's Allergies: _____

Date of last tetanus booster: _____

Over-the-counter medication (i.e. Tylenol, aspirin, Triaminic syrup, cough syrup, etc.)			Prescription Medication		
1	Name		1	Name	
	Dosage			Dosage	
	Frequency			Frequency	
	Reason			Reason	
2	Name		2	Name	
	Dosage			Dosage	
	Frequency			Frequency	
	Reason			Reason	
3	Name		3	Name	
	Dosage			Dosage	
	Frequency			Frequency	
	Reason			Reason	

Parent/Guardian Signature

Date

State of Texas

County of _____

Before me, the undersigned, on the day personally appeared _____,
And acknowledged to me that he/she/they executed this instrument for the purposes stated.

Given under my hand and seal of office on this _____ day of _____, 20____.

Notary Seal or Stamp

Signature of Notary