

Travis Avenue Baptist Church
Emergency Medical Authorization
Permission to Participate in Church Activity
And
Release of Liability

Child's name: Mr./Miss \_\_\_\_\_ 2018-2019 School Grade \_\_\_\_\_
Activity: Any Activity during 2018-2019 School Year
Date(s): September 1, 2018 -August 31, 2019
Designee(s): Daniel Morrow and Student Ministry Leaders
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Information:
Last Tetanus Shot: \_\_\_\_\_
Known Allergies: \_\_\_\_\_
Any Physical Limitations: \_\_\_\_\_
Family Physician: \_\_\_\_\_
Telephone Number: ( ) \_\_\_\_\_
Medical Insurance Coverage: Yes \_\_\_\_\_ No \_\_\_\_\_
Insurance Company Name: \_\_\_\_\_
Telephone Number: \_\_\_\_\_
Policy Number: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_
Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Business Phone: \_\_\_\_\_
Other Emergency contact: \_\_\_\_\_
Name: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

THE STATE OF TEXAS ( )
COUNTY OF TARRANT ( ) KNOW ALL MEN BY THESE PRESENTS;

1. In the event that we (I) cannot be reached at the time of accident or illness, or the medical emergency of a nature such that time does not permit such a contact.

We (I) do hereby make constitute and appoint the herein named designee(s) whether one or more, as our (my) attorney(s)-in-fact to perform all acts involving any necessary medical treatment which my be required in our (my) absence for our (my) child(ren) including transporting or arranging for transportation for our (my) child(ren) to an adequate medical facility: signing medical authorization. Informed consent(s) hospital admission records, and any other written instruments necessary for our (my) child(ren) to receive necessary medical treatment and to do all of said acts in our (my) name, place and stead. And we (I) do hereby ratify and confirm all acts performed by said attorney(s)-in-fact.

2. We (I) give our (my) permission for our (my) child(ren) to participate in the above-described activity and if necessary, to ride in the church vehicle(s) and/or privately owned vehicle in transit to that activity. We (I) fully understand and agree that neither Travis Avenue Baptist Church nor any supervising adult or sponsor will be held responsible for any accident or illness that may occur to my child(ren) and we (I) hereby agree to release Travis Avenue Baptist Church and any supervising adult or sponsor of and from any legal responsibility or liability for any damages whatsoever.

3. We (I) give our (my) permission and consent to Travis Avenue Baptist Church for any photographs, videotapes and interviews to be taken during the above-described activity to be published and used to illustrate, report, and advertise our ministries including on Internet Web Site promoting or reporting on our church.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

WITNESS