



PRESTONCREST CHURCH OF CHRIST

EMERGENCY/MEDICAL INFORMATION – AUGUST 19, 2018 – AUGUST 31, 2019

Parent or Guardian Name: _____

Street Address: _____ City and Zip Code: _____

Home Phone: _____ Cell Phone: _____

If not available, in an emergency, notify:

Name: _____ Phone: _____

Street Address: _____ City and Zip Code: _____

Name: _____ Phone: _____

Street Address: _____ City and Zip Code: _____

Please list all allergies that your child may have:

Please list all medications your child is taking:

Does this child have any medical or health problems, and has this child had any chronic or recurring illness that would have an effect on the child's participation in youth group activities? ____ If yes, describe the problem or illness:

Date of this child's last tetanus shot: _____

If there is medical or hospitalization insurance that provides benefits for this child, please indicate. Please attach a copy of your insurance card:

Name of Insurance Co.: _____

Policy No.: _____

Name of Policy Holder: _____

Claims Phone No.: _____

Family Physician: _____ Phone: _____



**PRESTONCREST CHURCH OF CHRIST
PARENTAL AUTHORIZATION AND CONSENT
AUGUST 19, 2018 – AUGUST 31, 2019**

(Child's name)

I, the undersigned, attest and warrant that the above-named child has my permission and consent to attend any and all youth activities sponsored by Prestoncrest Church of Christ ("Prestoncrest") between and including the dates set forth above. I also hereby authorize and consent to the use and reproduction by Prestoncrest of any and all photographs taken of my child while participating in any of the activities referenced above, including, without limitation, attendance at church services and/or participation in events such as social outings, devotionals, retreats, lock-ins, and trips.

I have the legal authority (___ parent ___ legal guardian) to authorize emergency medical treatment for the above-named child, a minor, and do hereby authorize Prestoncrest to secure such treatment for this child in the event of an emergency.

In the event of an emergency, I understand that reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby authorize the administration, staff, and duly authorized volunteer of Prestoncrest to take whatever steps deemed necessary to obtain emergency medical care for my child. This includes:

- A. Consent to transport by medical emergency vehicle to the nearest emergency medical facility.
- B. Consent to any emergency medical treatment deemed necessary by Church in the event of emergencies.
- C. Consent for surgery and anesthesia in event of life threatening situations, as the attending physician may deem necessary and as related to Church.
- D. Consent for physicians, nurses, technicians, and other qualified medical or hospital personnel to administer medical and surgical treatment in emergencies.

In the event that emergency medical care is sought and obtained for my child, I hereby release Prestoncrest, its successors, assigns, representatives, elders, deacons, ministers, employees, and agents from any financial liability incurred during emergency treatment. To the best of my knowledge, I have listed on the opposite page my child's medical allergies, medications being taken, medical problems, and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me. I certify all medical and insurance information on file with Prestoncrest is correct.

HOLD HARMLESS INDEMNITY AGREEMENT

I, the undersigned, in consideration for Prestoncrest Church of Christ permitting 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 of nature whatsoever, do hereby agree to hold Prestoncrest Church of Christ harmless and agree to indemnify fully Prestoncrest Church of Christ for any and all judgments and damages rendered against it and including costs, attorney's fees, regardless of whether or not there is litigation and including mediation and arbitration proceedings which result from or 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, to the fullest extent allowed under the laws of the State of Texas. I expressly grant these authorizations and agreements from the date above until expressly revoked in writing.

Parent, Guardian Signature Please Print Name: _____

Sworn to and subscribed before me on the _____ day of _____, 20____, by _____.

Notary Public in and for the State of Texas