

GENERAL RELEASE MEDICAL AUTHORIZATION AND INDEMNITY AGREEMENT
THIS IS A LEGAL DOCUMENT: READ IT CAREFULLY BEFORE SIGNING

CHILD'S NAME (Please Print) _____ **AGE** _____

Date of This Authorization: ____ [MM] ____ [DD] 20 ____ [YR]

By signing below, I _____ [name printed] certify as follows:

1. **Verification.** I am the parent, custodian, or legal guardian of the above named child who is a minor under the age of 18 (hereafter termed "child"). I am properly authorized to make the following agreements on behalf of the child.
2. **Request for Participation.** I wish that my child participate in activities conducted by Christ Gospel Church, Dallas, TX, (hereafter termed "the Church"). This release covers field trips, sports, instruction, guidance, discipline, and all other activities of these programs in which my child participates. My child may receive pastoral counseling if my child indicates a need to speak confidentially with a minister. I give permission for Church ministers to provide individual spiritual guidance to my child as in their best discretion they deem appropriate. I desire that this release shall continue in effect until a new release is signed by me, or until I revoke in writing this release. I understand that no revocation will be effective unless I notify the Church in writing.
3. **Release and Indemnity.** In consideration of the Church's willingness to include the child in its activities, I release, on my own behalf and on behalf of the child, Christ Gospel Church, Dallas, TX, its elders, directors, pastors, leaders, representatives, employees, and volunteers from all liability and all claims arising out of any accidents, mishaps, or occurrences that result from the aforementioned activities or are in any way connected with those activities, regardless of whether personal injury results or negligence is claimed. I further promise to pay the cost of, and to indemnify, hold harmless, defend, and reimburse the Church and its representatives against all claims, suits, demands, losses, or judgments obtained by or on behalf of the child listed above.
4. **Permission to Take Photographs.** I understand that the Church may take photographs or videos of my child while participating in Church activities. I grant permission to the Church to take, use, publish, and distribute photographic likenesses of my child for any lawful purpose, including promoting the Gospel, publicity, fundraising, or other ministry and business purposes. I hereby release the Church from all claims of any kind on account of such use. I understand that no compensation will be due me or my child for use of his or her likeness. This release continues until I revoke it in writing; however, I understand that any such revocation will be effective only as to future uses and publications and would not affect the uses and publications that the Church may have already made before it receives such revocation.
5. **Medical Authorization.** I also acknowledge that while the child is involved in Church activities, an emergency or other situation may arise that requires medical treatment, including surgery, under circumstances where I am not available. Therefore, I authorize a representative of the Church conducting the activity to exercise his or her judgment in seeking and rendering medical assistance to my child and to give any required medical authorization or consent for treatment of my child, even though substantial risks are involved. I acknowledge that the giving of medical authorization and consent is within the scope of this Release. I agree to assume financial responsibility for payment of all medical costs incurred on behalf of the above named child. The attached Medical Information is accurate to the best of my information and belief. I understand that the Church may, but is not required to, provide this information to medical personnel or volunteers who render assistance to the child.
6. **Serious Medical Conditions:** Each time I send my child to a Church activity, I shall assume full responsibility for making sure that my child is healthy and able to participate in the activities for which I enroll him or her without harm to himself/herself or to others. Should my child have a serious medical condition or allergy, I will have my child wear proper medical alerts. I further promise to educate my child for age appropriate understanding the condition, to provide proper remedial measures, to arrange for individuals to help monitor this condition, and to assume responsibility for seeing that my child's condition is properly managed. I also understand that the Church may decline to allow my child to participate whenever it feels unqualified to handle a child's serious medical or behavioral condition.
7. **Nursery/Preschool Programs:** If I enroll the above named child in nursery or preschool activities, I promise to remain on the Church premises at all times, and I promise to assume full responsibility to see that my child is properly and promptly escorted to and from such activities. I agree to promptly retrieve the child whenever I am summoned.
8. **Discipline Agreement.** I agree to abide by the rules and policies of the Church as they now exist or shall be amended. I have discussed with my child the rules of conduct expected for participation in Church activities. I understand that if my child becomes ill or unruly, I will be contacted, and my child may be sent home. If I am unable to be contacted or until I can exert control over my child, I hereby authorize the Church leaders to exercise their discretion in disciplining my child, which may include reasonable physical restraint and reasonable physical discipline.
9. My relationship to the above named child is (**circle one**):
(1) parent; (2) legal guardian; (3) temporary guardian (4) other: _____
10. **I have read and understood the foregoing release. I agree to be bound by its terms. I affirm that the medical information given on the reverse side is correct and may be relied upon by the church.**

Signed: Parent/Guardian: _____ Date: _____

Please complete reverse side

COURTESY MEDICAL INFORMATION (PLEASE PRINT INFO ON BOTH PARENTS)

Global Release # _____

1. Child's Name _____ Current Grade _____

2. Birth Date _____ Boy: _____ Girl: _____

3. Parents:	FATHER	MOTHER
Name	_____	_____
Address	_____	_____
City, St., Zip	_____	_____
Phone #	_____	_____
Employer	_____	_____
Emp. Address	_____	_____
Emp. Phone #	_____	_____
Cell or Pager#	_____	_____

4. Child's Medical Insurance Carrier: _____
Subscriber ID Number: _____ Group #: _____
Carrier Address and Phone: _____

5. List all major surgeries and illnesses the child has had: _____

6. List all medications the child is currently taking: _____

7. List all the child's medical conditions, limitations, or disabilities (hard of hearing, eyesight, coordination, etc.).

8. Is your child allergic to any medications, bee stings, insect bites, or foods? ☐ NO ☐ YES. If yes, list:

Note: if your child has life-threatening allergies, such as peanut or bee sting allergies, it is your responsibility to train your child to handle them, to provide appropriate intervention/treatment kits, and to make private arrangements for special adult supervision and intervention in case of emergency.

9. List your pastor and home church: (Jeffersonville Parents - Please indicate associate pastor).
Pastor: _____
Church and Location: _____

10. Other individuals to be contacted in case of an emergency or are allowed to drop-off or pick-up your child if you are not available:
Name: _____ Phone _____
Address : _____

11. Name, address, and phone number of child's pediatrician or family doctor.
Name: _____ Phone _____
Address: _____

12. Date of Last Tetanus Shot: _____

13. Other special instructions or information helpful in understanding your child:

Note: Administration of Medications: Church workers are NOT allowed to dispense or administer any type of oral medication, prescription or non-prescription. Please do not ask them to do this.