

Permission to Participate; Medical Treatment Consent; and Release, Waiver, and Indemnity Agreement

Child: _____ Parent: _____

Address: _____ Phone: _____

Alternate emergency contact name & number: _____

At The Church at Highland Park (“Church”), we provide opportunities for children to have fun, to grow, and to learn. However, certain responsibilities must be addressed as we provide those opportunities. Tex. Fam. Code § 151.001 provides that a parent (“Parent”) has the right to direct “moral and religious training” for his / her child (“Child”) and the duty to provide for his / her Child’s “medical and dental care.” Thus, by signing this form, the Parent . . .

1. consents to the Child participating in _____ and all associated or connected travel and / or activities (the “Activities”) on _____, 20____, at the Church;
2. will notify the Church if the Child’s participation in the Activities should be limited in any way;
3. has completed the Church’s *Personal History / Medical Information Form* and confirms that the information on that form is complete and accurate;
4. consents to a representative of the Church seeking out and consenting to emergency medical, surgical, hospitalization, and dental care and treatment (“Treatment”) for the Child, provided that the Church will make all reasonable and timely attempts to notify the Parent of the emergency and any Treatment;
5. authorizes any health care provider (the “Provider”) to whom the Child is presented for Treatment to make such decisions and to provide such Treatment as the Provider deems necessary and proper;
6. authorizes the Church to provide the Parent’s health care insurance information to the Provider;
7. understands that the Parent will be financially responsible for all charges related to the Treatment and that the Church will not be financially responsible for any charges related to the Treatment;
8. waives and releases the Church and its volunteers, members, staff, ministers, employees, and other agents from any and all claims, demands, debts, damages, liabilities, obligations, costs, expenses, liens, attorney’s fees, actions, and / or causes of action (“Claims”) which the Parent, the Child, and all others who may have duties and / or obligations as to the Child (“Others”) had, has, or may have arising from the Activities and any Treatment, whether litigation has been or may be commenced.
9. individually indemnifies and holds the Church and its volunteers, members, staff, ministers, employees, and other agents harmless on behalf of the Parent, the Child, and Others as to any and all Claims which the Parent, the Child, and Others had, has, or may have arising from the Activities and any Treatment, whether litigation has been or may be commenced.

I have read and understand this *Permission to Participate, Medical Treatment Consent, and Release, Waiver, and Indemnity Agreement* and willingly execute and accept this document.

Parent: _____ (printed name)
Date: _____, 20____

Witness: _____ (printed name)
Date: _____, 20____