

PERMISSION FORM

Name of Activity _____

Child's Name _____ Shirt Size (JH) YM YL YXL (JH & HS) AS AM AL AXL
First Last

Sex: Male Female Birthday: _____ Age _____ Grade _____ Phone # _____

Are there any activities, to be restricted for this child? _____

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

Please list any medication this child is taking: _____

Will this child be bringing to the Activity the medications that he/she should be taking? _____

Describe any dietary restrictions that this child is required to observe:

Other comments or suggestions from the parent or guardian concerning this child:

In consideration for allowing my child to participate, be it known that I do hereby authorize RICHLAND HILLS CHURCH OF CHRIST to have possession of my child, _____
(name of minor child)

for the express purposes of the _____
(name of activity) (location of activity)

I consent to the travel arrangements and activities deemed appropriate by any individual this Church authorizes to supervise my child until the time I retake possession of my child.

For the duration of the term of this agreement, as it is described above, I AGREE TO RELEASE, HOLD HARMLESS AND INDEMNIFY FROM ANY AND ALL CLAIMS ASSERTED BECAUSE OF ANY INJURY TO MY CHILD, Richland Hills Church of Christ, all of its affiliates, and all individuals, named and otherwise, participating with the explicit approval of the duly authorized representative of Richland Hills Church of Christ, including but not limited to volunteers, from any and all damages arising during the period of my consent and release, to the fullest extent allowed under the laws of Texas.

I understand that RICHLAND HILLS CHURCH OF CHRIST 24:7 Ministry carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of 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 Richland Hills Church of Christ 24:7 ministries is correct.

Signature _____ Date _____
(Parent or Guardian)

Print Full Name _____ Date _____