

Legacy Student Ministry Medical Authorization and Photo Release Form

(Form is valid for 1 year of student ministry)

I, _____, am the parent or legal guardian of _____, hereinafter, "my child", who was born on _____, _____. My child has my permission to attend and participate in activities at Legacy Bible Church, located at 1418 FM 691, Denison, TX 75020 and activities that will require travel to and from this location for 2017-2018.

I hereby authorize Nick Rogers and his volunteers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at this Legacy Bible Church event into whose care I have entrusted my child, to consent to medical care or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical examination, diagnosis, treatment or hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon. This authority also extends to any x-ray examination, anesthetic, dental or surgical examination, diagnosis or treatment by a licensed dentist.

I further authorize Nick Rogers and his volunteers, agents, servants, or employees who are 18 years of age or older, who supervise activities at Legacy Bible Church to receive temporary custody of my child, upon completion of any medical treatment, and I specifically instruct any treating health facility to temporarily surrender custody of my child to Nick Rogers and his volunteers, agents, servants, or employees who are 18 years of age or older who supervise activities at Legacy Bible Church until the child returns home or I as their legal guardian arrive on site. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authorization to Nick Rogers and/or his authorized designee, in the exercise his best judgment to consent to any treatment for my child's care, upon advice of such physician, dentist or surgeon. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization.

Furthermore, in consideration of my child being permitted to participate in such activity, I release, forever discharge and agree to hold harmless Nick Rogers and Legacy Bible Church and his/its volunteers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at Legacy Bible Church from any and all liability, claims, demands, and expenses, of any nature, following an accident or injury involving my child.

Finally, I give my permission for my student's picture to be posted to church website, Facebook, or within the church building at Legacy Bible Church.

Printed Name of Parent / guardian _____

Address _____ City _____ State _____ Zip _____

Father's Home phone _____ Father's Work phone _____ Father's Cell Phone _____

Mother's Home phone _____ Mother's Work phone _____ Mother's Cell Phone _____

In case of emergency, notify next of kin – name and phone number _____ Relationship to minor _____

Medical / health insurance company _____ Insurance Policy No. _____ Group No. _____ Ins. Co. Phone Number _____

Allergies / allergic reaction of my child _____ Child's Social Security Number _____

Medicine being taken by my child _____ Child's Doctor _____

Dated _____ Signature of parent or legal guardian _____

Please write significant health history on back of this form.