

Emergency Medical Care Authorization, Release and Waiver of Liability  
Seabrook United Methodist Church Preschool & Children's Day Out

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If parents cannot be located for emergency or illness, contact these individuals:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I the undersigned, parent/guardian of \_\_\_\_\_, a minor, do hereby authorize the bearer of this form as agent for the undersigned, to consent to an examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any licensed physician/surgeon or a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being given and to provide authority and power on the part of my aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon in the exercise of his/her best judgement may deem advisable.

I hereby authorize any hospital, which has provided treatment to the above-named minor to surrender physical custody of such minor to my above-named agent upon the completion of treatment.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Release and Waiver of Liability

In consideration of the minor, \_\_\_\_\_, being permitted to participate in all activities and programs of Children's Day Out on the church property, I the undersigned parent or legal guardian of said minor child, for myself and as well as next friend of said minor, do hereby knowingly and voluntarily release, waive, and discharge the Seabrook United Methodist Church Preschool and Children's Day Out, its staff, and volunteer workers from all liability for all claim, loss or damage on account of injury to person or property, whether caused by negligence of release or otherwise while the said minor is participating in any of the above named activities of Seabrook United Methodist Church Preschool and Children's Day Out.

I have carefully read the forgoing release and sign the release as my own free act.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

These authorizations shall remain effective for one year from the above date.

State of Texas, County of Harris

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas