

**Woodland Trace Church of Christ**  
**601 The Mall Way**  
**Jasper AL 35504**

PARENTAL CONSENT FORM

Subject: Authorization for Medical Treatment of Minor

I authorize emergency medical treatment for \_\_\_\_\_ a minor, and do hereby authorize WOODLAND TRACE CHURCH OF CHRIST to secure such treatment for this child in the event of an emergency. In the event of an emergency, I hereby authorize the administration, staff, and duly authorized volunteers of WOODLAND TRACE CHURCH OF CHRIST to take whatever steps deemed necessary to obtain emergency medical care for my child.

This includes:

1. Consent to transport by medical emergency medical vehicle to the nearest Emergency Medical Facility.
2. Consent to any emergency medical treatment deemed necessary by the Church in the event of emergency situations.
3. Consent for surgery and anesthesia in event of life threatening situations as the attending physician may deem necessary and as related to Church.
4. Consent for physicians, nurses, technicians and other qualified medical or hospital personnel to administer medical and surgical treatment in emergency situations.
5. Release of WOODLAND TRACE CHURCH OF CHRIST, its successors, assigns, and representatives, council members, Board of Directors, Deacons, employees and agents from any financial liability incurred during emergency treatment.

**PARENTAL AUTHORIZATION AND CONSENT FOR PARTICIPATION IN ACTIVITIES**

- I authorize and give my consent for my child to participate in all Church activities, including sports, field trips and any other trips on and off the premises of the Church.
- I hereby give my consent for my child to be transported on and off the Church premises in vehicles provided by WOODLAND TRACE CHURCH OF CHRIST or those owned by private individuals.

**HOLD HARMLESS INDEMNITY AGREEMENT**

I, the undersigned, in consideration for WOODLAND TRACE CHURCH OF CHRIST permit our child to participate in activities occurring on and off the Church premises and including field trips, sports, recreational and all other activities of any and every kind of nature whatsoever, do hereby agree to hold WOODLAND TRACE CHURCH OF CHRIST harmless and agree to indemnify fully WOODLAND TRACE CHURCH OF CHRIST for any and all judgments and damages rendered against it and including costs, attorney's fees, regardless of whether or not there is litigation and including mediation and arbitration proceedings which result from or that are in any way connected with monetary, physical, mental, emotional or other type claim of injury to my child that is claimed or asserted.

Name of Family Doctor: \_\_\_\_\_

Doctor's phone numbers: Office \_\_\_\_\_ Home: \_\_\_\_\_

Medication being taken (if any) \_\_\_\_\_

Allergies or physical problems of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_

I give permission for you to give the following to my child, if requested: (please check)

\_\_\_\_\_ TYLENOL

\_\_\_\_\_ BENADRYL (antihistamine) for bee stings and/or insect bites

Insurance company and policy number \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phones: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

List two emergency contacts if parents cannot be reached:

\_\_\_\_\_  
\_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE:

\_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS:

\_\_\_\_\_