

**Mayfield Road Baptist Church  
Emergency Medical Authorization  
Permission to Participate in Church Activity  
and Release of Liability**

Child's/Student's Name: \_\_\_\_\_  
 Activity: Kids & Student Ministry Events  
 Date(s): January 2026 - December 2026  
 Designee(s): Kids & Student Ministry Leadership  
 Child's/Student's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information:**

Last Tetanus Shot: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Any Physical Limitations: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Medical Insurance Coverage: Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Prescription Coverage Yes or No: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employment Address/Phone of Insured: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Other Emergency contact: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

THE STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS;

COUNTY OF TARRANT

1. In the event that we (I) cannot be reached at the time of accident or illness, or the medical emergency of a nature such that time does not permit such a contact. We (I) do hereby make constitute and appoint the herein named designee(s) whether one or more, as our (my) attorney(s)-in-fact to perform all acts involving any necessary medical treatment which may be required in our (my) absence for myself including transporting or arranging for transportation for me to an adequate medical facility: signing medical authorization. Informed consent(s) hospital admission records, and any other written instruments necessary for me to receive necessary medical treatment and to do all of said acts in my name, place and stead. And I do hereby ratify and confirm all acts performed by said attorney(s)-in-fact.

2. I give our (my) permission for me to participate in the above-described activity and if necessary, to ride in the church vehicle(s) and/or privately owned vehicle in transit to that activity. I fully understand and agree that neither Mayfield Road Baptist Church nor any supervising adult or sponsor will be held responsible for any accident or illness that may occur to me and I hereby agree to release Mayfield Road Baptist Church and any supervising adult or sponsor of and from any legal responsibility or liability for any damages whatsoever.

3. I give our (my) permission and consent to Mayfield Road Baptist Church for any photographs, videotapes and interviews to be taken during the above-described activity to be published and used to illustrate, report, and advertise our ministries including on Internet Web Site promoting or reporting on our church.

\_\_\_\_\_  
 Printed Name (Parent or Guardian if under 18)

\_\_\_\_\_  
 Signature (Parent or Guardian if under 18)

\_\_\_\_\_  
 Date

 **WITNESS**