2027

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 2027 - December 2027
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, videos, and interviews to be taken during the above-described activity to be published and used to illustrate, report, and advertise our ministries including on the church's website and social media promoting or reporting on our church.

_____
Printed Name (Parent or Guardian if under 18)

_____ _____
Signature (Parent or Guardian if under 18) Date

_____
WITNESS

***THIS FORM IS TO BE COMPLETED PRIOR TO OFF CAMPUS ACTIVITY.**