

## 2012 Release, Indemnity, and Consent to Medical Treatment

Kingwood Church of Christ

2901 Woodland Hills Dr.

Kingwood, TX 77339

Initial \_\_\_\_\_ I agree to and hereby waive and release all claims against the Kingwood Church of Christ and any of its representatives and agree to hold them harmless from all liability to my child for any personal injury or illness that may be suffered and/or any loss of property that may occur to my child during any church sponsored event in which my child chooses to participate.

Initial \_\_\_\_\_ To the best of my knowledge my child is physically fit and able to participate in any church sponsored event and is not suffering from any disease or injury which needs to be disclosed for the purpose of this release.

Initial \_\_\_\_\_ As a parent/guardian of the child whose name appears on this form, I give permission for any adult representative of the Kingwood Church of Christ to authorize any properly licensed medical personnel to treat any injury or illness sustained by my child during any church sponsored event. This authorization is valid until my child's eighteenth birthday.

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Child's Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Coverage Verification # (\_\_\_\_\_) \_\_\_\_\_

Insured's Name & ID # \_\_\_\_\_ Group/Policy No \_\_\_\_\_

In case of emergency notify:

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Special medical conditions (allergies, medications, etc.)  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_