



3505 Highway 45 South, Henderson, TN 38340 | 731.989.7990

INFORMATION

FULL NAME OF PARTICIPANT _____
DATE OF BIRTH

PARENT/LEGAL GUARDIAN(S)

ADDRESS _____
CITY _____
STATE _____
ZIP

HOME PHONE _____
WORK PHONE _____
OTHER PHONE

HEALTH INSURANCE COMPANY _____
PHONE

POLICY HOLDER _____
POLICY / GROUP NUMBER

ALLERGIES (INCLUDING MEDICATIONS) _____
MEDICATIONS PRESENTLY TAKING

MEDICAL TREATMENT AUTHORIZATION

I, the undersigned, hereby authorize the health care professional(s) of the Estes church of Christ's choice to perform necessary treatment procedures as deemed appropriate for the above mentioned minor's condition, including, but not limited to, x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care. I fully understand that no guarantee or assurance has been made as to the results that may be obtained. Authorization is hereby granted to release such information as may be necessary for the completion of my child's hospitalization and clinic claims. I hereby release the above mentioned minor into the care of the Estes church of Christ, its directors, staff, and agents, and the selected qualified health care professional(s).

I have carefully read the agreement and fully understand its contents. This is a release of liability.

SIGNATURE OF PARENT / GUARDIAN _____
DATE

CONSENT

I, the undersigned, and a parent or guardian hereby acknowledge that we have voluntarily agreed to participate in the activities of the Estes church of Christ. I understand that the activities and all other hazards and exposures connected with the activities conducted may involve risk. I am fully capable of participating in the activities and willingly assume the risk of injury as my responsibility. I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof is the result of my negligence in any activities associated with the Estes church of Christ, its directors, staff, agents, health care providers, and/or sponsors involved in the activities, both scheduled and unscheduled, whether or not such injury or death was caused by their negligence or from any other cause. I agree to not bring any weapons, drugs, tobacco products, or alcohol on the church supervised activity, and I am fully aware I will immediately be sent home without hesitation at the parent or guardian's expense if I break any of these rules.

I have carefully read the agreement and fully understand its contents. This is a release of liability.

SIGNATURE OF PARTICIPANT _____
DATE

SIGNATURE OF PARENT / GUARDIAN _____
DATE