

# MacArthur Park Church of Christ Participation: Trip & Medical Release Form

2022

1907 NE Loop 410  
San Antonio, Texas 78217

I, \_\_\_\_\_, AM THE PARENT OF \_\_\_\_\_,

(Print Parent's Name)

(Print Student's Name)

To the best of my knowledge said child is physically fit to engage in such activity and is not suffering from any disease or injury which needs to be disclosed for purposes of this release. I agree and do hereby waive and release all claims against MacArthur Park Church of Christ and it's representatives, or any other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to said child for any personal injury or illness that may be suffered or any loss of property that may occur to said child arising out of the care and custody of said child during participation in trip.

AND GIVE MY PERMISSION FOR MY SAID CHILD TO PARTICIPATE IN THE MACARTHUR PARK CHURCH OF CHRIST ACTIVITY.

In the event said child should become ill or injured during the course of this trip, I direct any adult who shall have care and custody over said child to contact me if at all possible before authorizing major medical treatment of said child. HOWEVER, IF ANY ADULT HAVING CARE AND CUSTODY OVER SAID CHILD ON SAID TRIP SHOULD BE UNABLE TO CONTACT EITHER PARENT OF SAID CHILD, THEN I SPECIFICALLY AUTHORIZE ANY MEDICAL ATTENTION WHICH MAY BE DEEMED NECESSARY FOR THE BENEFIT OF SAID CHILD AND I SPECIFICALLY AUTHORIZE THE PERFORMING OF ANY PROCEDURE WHICH SAID ADULT DEEMS ADVISABLE IN ATTEMPTING TO RELIEVE SAID CONDITION.

I hereby give permission for my child's picture to be used for printed and electronic publicity of this ministry. I understand that my child's name, address, or age will not be mentioned in conjunction with any such photography without further permission.

I understand and agree that if my child does not abide by the rules or conducts him/herself improperly he/she will be sent home immediately at **parent's** expense.

 \_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Signature of Parent/Guardian)

## Child's Allergies:

## Emergency Contact Information:

Parent(s) Names: \_\_\_\_\_

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

Cell Phones: \_\_\_\_\_, \_\_\_\_\_

Who do we call if you cannot be reached? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Person(s) authorized to pick my child up from an event other than myself:

Name:

Relationship:

\_\_\_\_\_

\_\_\_\_\_

