

**Parent/Guardian Consent Form**

Parent/Guardian Consent Form I, \_\_\_\_\_ (name of parent or guardian), am the parent or legal guardian of \_\_\_\_\_ (name of minor, hereinafter "my child"), and I am informed of the activities offered by Matthew Road Baptist Church ("church") located at: in the City of Grand Prairie, County of Dallas, State of Texas beginning on the day of \_\_/\_\_/\_\_, and ending on the day of \_\_/\_\_/\_\_. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this (Church). Check the box to digitally sign this form and type your name below:

\_\_\_\_\_ (Signature of Parent or Guardian)

\_\_\_\_\_ Date Additional Information: My child is to be excluded from the following activities: \_\_\_\_\_ Child(ren)'s Name & Date of Birth:

Parent/Guardian Consent to Medical, Dental or Hospital Care I, \_\_\_\_\_ (name of parent or guardian), am the parent or legal guardian of \_\_\_\_\_ (name of minor, hereinafter "my child"), who was born on \_\_\_\_\_. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment. As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law. Check the box to digitally sign this form and type your name below:

\_\_\_\_\_ (Signature of Parent or Guardian)

\_\_\_\_\_ (Print name of Parent or Guardian)

\_\_\_\_\_ Date Release, Waiver and Indemnity Agreement IT IS THE INTENTION OF

\_\_\_\_\_ BY THIS AGREEMENT TO EXEMPT AND RELIEVE

MATTHEW ROAD BAPTIST CHURCH AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH OF

\_\_\_\_\_ (NAME OF MINOR) CAUSED BY ANY ACT OF NEGLIGENCE OR

MATTHEW ROAD BAPTIST CHURCH AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES. For and in consideration of permitting \_\_\_\_\_ (name of minor) to observe or use any facility or equipment of MATTHEW ROAD BAPTIST CHURCH, or engage in and/or received instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at: MATTHW ROAD BAPTIST CHURCH, in the City of Grand Prairie, County of Dallas and state of Texas, \_\_\_\_\_ (date), the undersigned parent and/or guardian of

\_\_\_\_\_ (name of minor) hereby voluntarily and absolutely releases, discharges,

waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to \_\_\_\_\_ (name of minor)

as a result of \_\_\_\_\_ (name of minor) observing or using facilities or equipment of

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MATTHEW ROAD BAPTIST CHURCH, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue. The undersigned parent or guardian of \_\_\_\_\_ (name of minor) for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against MATTHEW ROAD BAPTIST CHURCH or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless MATTHEW ROAD BAPTIST CHURCH and its officers, agents, servants or employees from any and all claims or causes of action by \_\_\_\_\_ (name of minor) or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of \_\_\_\_\_ (name of minor) present any claim against MATTHEW ROAD BAPTIST CHURCH and said persons for personal injuries, property damage, wrongful death or otherwise cause by any act of negligence by MATTHEW ROAD BAPTIST CHURCH and said persons. The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Check the box to digitally sign this form and type your name below: Signature of Parent or Guardian for (Name of Minor):

\_\_\_\_\_ Signature:  
\_\_\_\_\_ Date:

\_\_\_\_\_ Authorization for Medical Treatment I,  
\_\_\_\_\_ (name of parent or guardian of minor), am the parent or legal guardian of \_\_\_\_\_ (name of minor, hereinafter "my child"), who was born on \_\_\_\_\_. My child is attending and participating in activities at Matthew Road Baptist Church (hereinafter "church"), located at: in the City of Grand Prairie, county of Dallas and State of Texas, beginning on the day of \_\_/\_\_/\_\_. I hereby authorize the (supervisor/manager/pastor/camp director) and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this (church) into whose care my child has been entrusted, to consent to medical care or dental care, or both for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further authorize the (supervisor/manager/pastor/camp director) and his/her officers, agents, servants or employees that are 18 years of age or older, who supervise the activities at this (church) to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the (supervisor/manager/pastor/camp director) and his/her

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officers, agents, servants or employees that are 18 years of age or older who supervise the activities at this (church). It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advise of such physician, dentist and surgeon may deem advisable. Check the box to digitally sign this form and type your name below: \_\_\_\_\_ (Signature of Parent or Guardian) Dated: \_\_\_\_\_ Additional Information:

\_\_\_\_\_ Parent/Guardian Address  
\_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
\_\_\_\_\_ Medical/Health Insurance Company Insurance Policy #: \_\_\_\_\_  
\_\_\_\_\_ In case of, notify \_\_\_\_\_

\_\_\_\_\_, Relationship to Minor \_\_\_\_\_ Emergency  
Phone #: \_\_\_\_\_ Allergies/Allergic reaction of my child:

\_\_\_\_\_ Medicine being taken by my child:

\_\_\_\_\_ Other information regarding my child's health that a doctor should know:

\_\_\_\_\_

Forms researched and information provided by the Law Firm of:  
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