## Release, Indemnity, and Consent to Medical Treatment Central Church of Christ 1600 East 29th Street

Bryan, TX 77802

I understand and agree that if my child does not abide by the rules clearly stated in the behavior contract, or if he/she conducts himself/herself improperly during any activity sponsored by the Central Church of Christ, he/she will be sent home immediately, thereby forfeiting the remainder of the activity and any expense that may be involved.

		Initials
o hold them harmless from any a	nd all liability for my child for ar that may occur to my child while	for any Church representative and agree by personal injury or illness that may be the he/she is participating in any activity
		Initials
To the best of my knowledge, my Church of Christ.	child is physically fit to engage	in any activity sponsored by the Central
		Initials
representative from the Central C	thurch of Christ in Bryan, TX to Ilnesses experienced by my child.	s form, I give permission to any adult authorize any properly licensed medical This authorization is valid for an entire
Legal Name of Minor	Birthdate	Social Security Number
Home Address		Home Phone Number
Name of Father		Business Phone Number
Name of Mother		Business Phone Number
Family Physician		Office Phone Number
Medical Insurance Company		Medical Policy Number
Adult to Notify in Case of Emer	gency	Phone Number
Special Medical Conditions (alle	ergies, medications, etc.)	
Parent/Guardian Signature		Date