



Emergency/Medical

Ovilla Church of Christ
3420 Ovilla Rd.
Ovilla, TX 75154

(Child's Name)

(Date)

I, the undersigned, attest and warrant that I have the legal authority (____parent, ____ legal guardian), to authorize emergency medical treatment for _____, a minor, and do hereby authorize Ovilla Church of Christ to secure such treatment for this child in the event of an emergency.

In the event of an emergency, I hereby authorize the administration, staff, and duly authorized volunteer of Ovilla Church of Christ ("Church") to take whatever steps deemed necessary to obtain emergency medical care for my child. This includes:

1. Consent to transport by medical emergency vehicle to the nearest Emergency Medical Facility.
2. Consent to any emergency medical treatment deemed necessary by Church in the event of emergency situations.
3. Consent for surgery and anesthesia in the event of life threatening situations as the attending physician may deem necessary and as related to Church
4. Consent for physicians, nurses, technicians, and other qualified medical or hospital personnel to administer medical and surgical treatment in emergency situations.
5. Release of Ovilla Church of Christ its successors, assigns, representatives, council members, elders, deacons, employees, and agents from any financial liability incurred during emergency treatment.

Hold Harmless Indemnity Agreement

I, the undersigned, in consideration for Ovilla Church of Christ permit our child to participate in activities occurring on and off the Church premises and including field trips, sports, recreational and all other activities of any and every kind of nature whatsoever, do hereby agree to hold Ovilla Church of Christ harmless and agree to indemnify fully Ovilla Church of Christ for any and all judgments and damages rendered against it and including costs, attorney's fees, regardless of whether or not there is litigation and including medication and arbitration proceedings which result from or that are in any way connected with monetary, physical, mental, emotional, or other type claim of injury to my child that is claimed or asserted.

These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me.

Parent, Guardian Signature

Please Print Name

STATE OF TEXAS
COUNTY OF ELLIS

Sworn to and subscribed before me on the _____ day of _____, 20____ by _____
(Parent, Guardian)

To certify which witness my hand and official seal.

Notary Public, State of Texas