Emergency Medical Authorization

Child's Name: ____

In the event I cannot be reached to make arrangements for emergency medical care, I hereby authorize *Cecil Hutson, James Lampley,* or any other youth group sponsor of the Burleson Church of Christ to give consent for any necessary emergency care for my child when the child is in this individual's care.

Signature of Parent/Legal Guardian	Date
Young Person's Blood Type (if known)	
Medical Problems	
Allergies (List Medicines or other things.)	
PERSONS TO BE CALLED IN CASE OF EMERG	BENCY:
Name:	Phone:
Name:	Phone:
PERMISSION FOR TRANSPORTATION The Burleson Church of Christ has my permission away from the Burleson Church of Christ facility at the DFW Metroplex area). I understand that all pre and health of my child. In signing this I acknowled chaperones or its drivers responsible in the event	nd on out of town trips (local meaning within ecautions will be taken to ensure the safety ge that I will not make the Church, its
Parent/Legal Guardian Signature	Date:
PERMISSION FOR PUBLISHING PICTURES I am aware that my child may be photographed or activities. I (do/do not give) my permission for any to be published in Burleson Church of Christ Publi	photographs or videotapes including my child
Parent/Legal Guardian Signature:	Date:

TO WHOM IT MAY CONCERN:

I hereby give perm necessary in case	ission to any hospital to re	ender the treatment	
NAME	ME, the son or daughter		
of	from CITY	from CITY,	
STATE We, the parents signed below, will be			
responsible for payment of medical services provided to the child mentioned above.			
Our insurance is with			
The policy number	is	·	
Signed this	is day of, 20		
	• <u> </u>		
Address, City, State	e, Zip		
		_	
Birthdate of Child:_		_	

(The above information is what the Hospital will ask for if we need to get them treated.)