TRINITY BAPTIST CHURCH (TBC)

PARENTAL AUTHORIZATION FOR STUDENT ACTIVITIES JAN. 1, 2025-DEC. 31, 2025

Student's Name: _____ **Date:**_____ **Grade:**_____ **DOB:**_____

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Student's Name: _____ **Date:**_____ **Grade:**_____ **DOB:**_____

Student's Name: _____ **Date:**_____ **Grade:**_____ **DOB:**_____

Parent(s) or Legal Guardian (print):_____

Address _____

Phone #_____ **Cell Phone #** _____**Parents E-mail**_____

Permission To Participate

The above named parent(s) or legal guardian, either of which shall be referred to herein as "Parent(s)," of the student named above, herein referred to as "the Minor," has entrusted the Minor into the care of Trinity Baptist Church of Carmel, Indiana, Inc. ("TBC") while the Minor participates in programs, activities, events, transportation or services sponsored by TBC (collectively, the "Student Ministries Program"). By signing this form the Parent(s) grant permission for the Minor to participate in the Student Ministries Program.

Medical Treatment of the Minor

The Parent(s) does hereby authorize the agent(s) of TBC, including pastors, deacons, elders, staff and Student Ministry Program volunteers (collectively, the "Agent(s)") to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital admission and care which is deemed advisable for the Minor by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the laws of the state or country in which such health care services are being sought and the medical staff of any hospital; and to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist, oral surgeon or other dental practitioner licensed under the laws of the state or country in which dental care is being sought, all of the foregoing of which shall be referred to herein as "Health Care Services."

It is understood that this authorization is given in advance of any Health Care Services being required and is given to provide authority and power on the part of the Agent(s) to give specific consent to any and all such Health Care Services for the Minor which the aforementioned surgeon, physician and/or dentist, oral surgeon or other dental practitioner, in the exercise of his or her best judgment, may deem advisable.

The Parent(s) hereby authorizes any hospital or other health care facility which has provided treatment to the Minor to surrender custody of the Minor to the Agent(s) upon the completion of treatment. The Parent(s) hereby agrees to fully pay all costs of medical, dental care incurred for the Minor by the Agent(s) under this authorization.

Emergency Day-Time Phone # Where Parent Can Be Reached:_____

Emergency Evening Phone # Where Parent Can Be Reached:_____

Special Medical Conditions, Allergies and/or Medications of Minor: _____

_____

Doctor's Name: _____ **Doctor's Phone:**_____

Doctor's Address:_____

Insurance Carrier:_____ **Policy No:**_____ **Phone:**_____

Release and Waiver of Liability

The undersigned Parent(s) hereby releases TBC and the Agent(s) from any and all liability and waives any and all rights, actions, claims or remedies which the Parent(s) may have against TBC or the Agent(s) arising out of any injury or damage that may be incurred by the Minor's participation in the Student Ministries Program. By affixing his/her/their signature(s) below, the Parent(s) acknowledges that the Parent(s) has read this Parental Authorization and the Parent(s) agrees to its terms.

Termination

This Parental Authorization shall remain effective for the period commencing on the date set forth below and ending on December 31, 2025, unless sooner revoked by the undersigned in writing and delivered to the TBC or an Agent. In the event more than one Parent executes this Parental Authorization, only one Parent will be required to so revoke it.

Those in charge will make every possible attempt to contact the Parent(s) immediately in the event of an injury or other emergency.

The undersigned Parent(s) also agrees to cover all costs if his or her student needs to be sent home for disciplinary reasons.

Signature of Parent or Legal Guardian _____**Date**_____