

Watters Road Church of Christ
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Guy Stover, Youth: 832-444-5608 Charles Davis: 281-487-5463

**MEDICAL RELEASE & PARENTAL PERMISSION FORM EMPOWERING
THE STAFF OF THE WATTERS ROAD CHURCH OF CHRIST TO SECURE MEDICAL AID FOR YOUR CHILD**

To Whom It May Concern:

I hereby give my permission to any hospital or doctor to render the treatment deemed necessary, in case of an emergency for:

_____, the son/daughter of _____.

We, the parents/guardians, will be responsible to payment of medical services provided for

_____, our son/daughter.

We agree by signing this form that we will not hold Watters Road Church of Christ or its staff legally responsible for any bodily harm that may come to our child while on a youth associated trip or activity. This also permits my child to attend said activity. we further validate this form with our signatures to be effective from **June 1, 2023 through May 31, 2024.**

Father/Guardian _____ Home Phone # _____

Work Phone # _____

Cell Phone # _____

Mother/Guardian _____ Home Phone # _____

Work Phone # _____

Cell Phone # _____

Insurance Co. _____ Policy # _____

Doctor's Name _____ Phone # _____

Emergency Contact
If you cannot be reached _____ Phone # _____

Signature of Parent/Guardian _____ Date: _____

By signing this form, I agree to the rules of the activity, to obey the guidelines given by the Youth Minister and sponsors, and to Behave in a Christian manner. I understand that if I break the rules set forth by those in authority, when deemed necessary by those In authority, I may be sent home from the activity at the expense of my parents.

Name: _____

Signature: _____ Date: _____

I, _____, the parent/guardian of _____

Understand that if my child does not abide by the rules set forth by those in authority of the activities, he/she may be sent home from the activity at my expense. Furthermore, I agree to pay for any and all expenses in such a case.

Signature: _____ Date: _____

Elders: Charles Davis, Phil Gabbard, Jack Knight, Barry Shaw, Cliff Thompson