

**AUTHORIZATION & RELEASE OF
RIVER OAKS BAPTIST CHURCH
FOR EMERGENCY MEDICAL TREATMENT
IN VACATION BIBLE SCHOOL
JUNE 11-15, 2018**

To: River Oaks Baptist Church (the “**Church**”)

By signing and delivering this form to the Church, the undersigned parent or legal guardian agrees to the following:

In an emergency, the undersigned, a parent or legal guardian of the student named below, authorizes the Church to contact the physician listed below to treat my child as that physician deems necessary or appropriate for the health and safety of my child. If neither I nor the physician can be reached, I authorize the Church to take whatever action a Church minister or employee deems necessary or appropriate for the health and safety of my child, and I release the Church from any claim arising from such occurrence.

Name of Student/Child: _____

Birthdate of Student/Child: _____

Name of Parent or Legal Guardian:

Signature of Parent or Legal Guardian:

Date: _____, 2018

Name and Contact Information for Physician:

Name & Address: _____

Phone Number: _____