

***CHURCH LEADERS: PLEASE KEEP THIS FORM IN YOUR FILE!***

**ASSIGNMENT OF RESPONSIBILITY**

I do hereby give \_\_\_\_\_ (*Group Leader (GL)*) authority to act under this agreement in so far as \_\_\_\_\_ (*Child*) is concerned:

To obtain and authorize the services of a licensed physician or physicians should medical or surgical treatment be necessary; to authorize said physician or physicians to perform medical treatment, surgical procedure or operation as is considered necessary by him; to authorize disposal of surgically removed parts or tissues by any hospital in accordance with the accustomed practices; that no assurance or guarantee is needed as to the results or outcome that may be reached.

This agreement includes, but is not limited to, the authority herein above set forth, it being the intent of the undersigned that the said \_\_\_\_\_ (*GL*) have limited authority based on his sound discretion and good judgment and in which event the undersigned agrees to indemnify and hold harmless the said \_\_\_\_\_ (*GL*) and any other person acting under the authority of this agreement.

Further, the undersigned agrees to hold Calvary Baptist Church, Holston Baptist Association, \_\_\_\_\_ (*Your Church*), and \_\_\_\_\_ (*GL*) harmless for any injury sustained by \_\_\_\_\_ (*Child*) during this trip.

**Remember, this year's camp is in Erwin, Tennessee. Since we are closer to home, every attempt will be made to contact the parent or guardian in case of emergency.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Who to call in case of emergency: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Medical History: \_\_\_\_\_  
Drug allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_  
Group #: \_\_\_\_\_ Contract # \_\_\_\_\_  
Secondary Insurance Company: \_\_\_\_\_  
Group #: \_\_\_\_\_ Contract # \_\_\_\_\_

**State of Tennessee**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_  
by \_\_\_\_\_ (Name)

\_\_\_\_\_  
Notary Public – State of Tennessee (Name of Notary Public)

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_