

CHILDREN LEADERS: PLEASE KEEP THIS FORM IN YOUR FILE!

ASSIGNMENT OF RESPONSIBILITY

I do hereby give _____ (*children's minister*) 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 _____ (*cm*) 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 _____ (*cm*) and any other person acting under the authority of this agreement.

Further, the undersigned agrees to hold Carson Springs Baptist Conference Center, Holston Baptist Association, _____ church, and _____ (*cm*) harmless for any injury sustained by _____ (*child*) during this trip.

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 _____