

STATE OF TEXAS

COUNTY OF HARRIS

I/We, \_\_\_\_\_,  
parent(s)/legal guardian(s) of \_\_\_\_\_, do  
hereby declare the following:

That Bethany Christian Church and the Directors of Vacation Bible School are designated as agents to render medical aid to \_\_\_\_\_ in the event of an accident or injury in the event that the parent(s) or guardian cannot be reached or are otherwise unavailable.

The parents or guardians named above further grant permission to any of the "agents" named above to admit \_\_\_\_\_ to any hospital and to have any treatment rendered that may be necessary, in the opinion of the medical doctor who is called in to perform such treatment including, without limitation, x-ray, medication, or emergency surgery.

The parents or guardians named above further agree that they indemnify and hold harmless Bethany Christian Church of Houston, Texas, its officers, directors, and directors of Vacation Bible School under terms hereof from any and all expenses incurred in connection with medical, hospitalization, or related services rendered to \_\_\_\_\_ in the event of accident or illness.

\_\_\_\_\_  
Parent and Guardian

\_\_\_\_\_  
Parent and Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number/Alternate Number