

## Medical Authorization

*Charity Lutheran Church*  
1101 SW Wilshire Blvd, Burlison, TX 76028

I, \_\_\_\_\_, being the parent/legal guardian and having legal custody of \_\_\_\_\_, a minor, do hereby consent to said child participating in activities at Charity Lutheran Church. I do hereby release, discharge & exonerate Charity Lutheran Church, and all persons acting as teachers and helpers at said activities from any liability whatsoever resulting from personal injury to said minor or damage to property of said minor which occur at said activities.

I do hereby acknowledge that I understand that this release if being relied upon by Charity Lutheran Church, and teachers or helpers at said activities; and without this instrument being executed by me, said minor would not be permitted to engage in said activities.

I do hereby authorize the officials of Charity Lutheran Church to contact directly the person named in this authorization, and do authorize

(Physician) \_\_\_\_\_ or (hospital) \_\_\_\_\_  
to render such treatment as may be deemed necessary in an emergency, for the health of said minor. In the event physicians, other persons named in the authorization, or parents cannot be contacted, the church officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid minor. I will not hold Charity Lutheran Church financially responsible for the emergency care and/or transportation for said minor.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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