

## 2026 Events Student Medical Authorization & Release Local Church – Houston, TX

Parents or legal guardians of minor children are asked to complete this form and return it to the church. The information requested is designed to assist the church in providing safety of minors during church-sponsored activities. Attach additional pages as necessary.

**(Please complete both forms.)**

**General Information (please print)**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Father/Mother/Legal Guardian: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Home Ph. #: \_\_\_\_\_ Parent's Work #: \_\_\_\_\_

Cell Ph. #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Ph. #: \_\_\_\_\_

Insurance Company Covering Child: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Ph.# (if pre-authorization required): \_\_\_\_\_

**Identity and Photo Release**

The NextGen department will take pictures, video, and other media of our events for future promotion purposes. Do we have your permission to use your child's photo on the internet or in other media venues, such as flyers, posters, etc? **PLEASE CIRCLE ONE : YES NO**



**Medical Questionnaire**

❖ Is your child presently being treated for an injury or sickness or taking any form of medication?  
Yes\_\_\_ No\_\_\_ (if yes, please explain and give medication)

\_\_\_\_\_  
\_\_\_\_\_

❖ Does your child have any allergies (including medications)? Yes\_\_\_ No\_\_\_ (if yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

❖ Can your child swim well? Yes \_\_\_\_\_ No \_\_\_\_\_



**Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the official church leaders of this activity to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

I understand that the church will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the church in the event of any health or insurance changes which would restrict my child's participation in any activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.



**Consent and Certification**

I, the undersigned, being the parent and/or legal guardian of the child named above, do hereby consent to the participation of my child with **Local Church in Tomball, TX** in the following events, as designated below. I understand that I am responsible for any and all expenses caused by the behaviors/actions of my child, or in the event my child must be transported home. I will indemnify and hold harmless **Local Church** and those associated with it from all expenses and claims of any nature or entity in connection with the following activities:

<b>Your signature signifies this form can be used for the YTH SUMMER INSTERNSHIP 2026</b>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature of Parent or Guardian</i>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Date</i>

*A facsimile or photocopy of this form shall be as valid as the original. **Local Church** is under no obligation for any reason to accept all applicants for these activities. Parent's and/or Guardian's assume all risks.*

**Local Church - Tomball, TX**

**Senior Pastor: *Pastor Mike Hernandez***

**NextGen Pastor: *Pastor Michael Willard***