

**BRIDGEWAY CHURCH**  
**EMERGENCY/MEDICAL INFORMATION**

Parent or Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

If not available, in an emergency, notify:

1. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does this child have any of the following allergies:

Penicillin \_\_\_\_\_  
Other Drugs \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Ivy Poisoning, etc. \_\_\_\_\_  
Hay Fever \_\_\_\_\_

Other Allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the date of this child's last tetanus shot \_\_\_\_\_

If there is medical or hospitalization insurance which provides benefits for this child please indicate:

Name of Insurance Co. \_\_\_\_\_

Policy No. of Insurance Policy \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Phone Number of Insurance Co. (     ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

(complete other side)

**BRIDGEWAY CHURCH  
PARENTAL AUTHORIZATION AND CONSENT  
FOR EMERGENCY MEDICAL TREATMENT**

\_\_\_\_\_  
(child's name)

I the undersigned, attest and warrant that I have the legal authority (\_\_\_parent, \_\_\_ legal guardian), to authorize emergency medical treatment for \_\_\_\_\_, a minor, and do hereby authorize BridgeWay Church to secure such treatment for this child in the event of an emergency.

In the event of an emergency, I hereby authorize the administration, staff and duly authorized volunteer of BridgeWay Church ("Church") to take whatever steps deemed necessary to obtain emergency medical care for my child. This includes:

1. Consent to transport by medical emergency medical vehicle to the nearest Emergency Medical Facility.
2. Consent to any emergency medical treatment deemed necessary by Church in the event of emergency situations.
3. Consent for surgery and anesthesia in event of life threatening situations as the attending physician may deem necessary and as related to Church.
4. Consent for physicians, nurses, technicians and other qualified medical or hospital personnel to administer medical and surgical treatment in emergency situations.
5. Release of BridgeWay Church, its successors, assigns, representatives, council members, Board of Directors, deacons, employees and agents from any financial liability incurred during emergency treatment.

**HOLD HARMLESS INDEMNITY AGREEMENT**

I, the undersigned, in consideration for BridgeWay Church permit our child to participate in activities occurring on and off the Church premises and including field trips, sports, recreational and all other activities of any and every kind of nature whatsoever, do hereby agree to hold BridgeWay Church harmless and agree to indemnify fully BridgeWay Church for any and all judgments and damages rendered against it and including costs, attorney's fees, regardless of whether or not there is litigation and including mediation and arbitration proceedings which result from or that are in any way connected with monetary, physical, mental, emotional or other type claim of injury to my child that is claimed or asserted.

These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me.

\_\_\_\_\_  
Parent, Guardian Signature

\_\_\_\_\_  
Please Print Name

STATE OF TEXAS  
COUNTY OF TARRANT

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Parent,Guardian)

To certify which witness my hand and official seal.

\_\_\_\_\_  
Notary Public, State of Texas

(complete other side)