

In the space below, please provide any additional important medical or other information concerning your student which may help our staff minister to him or her more effectively:

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Westwood Baptist Church Refuge Student Ministries and its officers, employees, and volunteer staff from any liability.

Signature of Parent or Legal Guardian

Date

The State of Tennessee, County of Bradley

This instrument was acknowledged before me by the said _____
on this the _____ day of _____, _____.

Notary Public
State of Tennessee

Commission Expires: _____