

ST. THOMAS' EPISCOPAL CHURCH  
4900 Jackwood  
Houston, Texas 77096  
713-666-3111

PARENT'S AUTHORIZATION FOR MEDICAL ATTENTION AND RELEASE OF LIABILITY

In the event medical attention should become necessary, I, the undersigned parent or guardian, hereby authorize the representatives of St. Thomas' Episcopal Church to obtain first aid and medical attention as in their discretion may seem necessary for:

\_\_\_\_\_, a student in the \_\_\_\_\_ grade, with the distinct understanding that the Vestry of St. Thomas' Episcopal Church and the employees of St. Thomas' Episcopal Church or any other person acting for St. Thomas' Episcopal Church shall not be held responsible or liable for any accident or injury (including damages resulting therefrom), or for the treatment of same, whether or not occurring by reason of its negligence or the negligence of doctors or physicians or other personnel treating said injury.

In emergency situations, while not assuming the obligation to do so, every effort will be made to care for such emergencies as may be deemed necessary in the discretion of the person or persons representing St. Thomas' Episcopal Church.

In the event of injury, parents will assume responsibility for payment of all costs arising directly or indirectly from said injury, including reimbursement of any amounts which may be paid by St. Thomas' Episcopal Church or its representatives.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Co. Verification of Coverage Phone: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Insured Employee Name: \_\_\_\_\_