



## Section 1: Medical Release

In my absence, I hereby authorize representatives of Lakeview Community Church to provide on-premises care and, if deemed necessary, to obtain emergency medical treatment for my child/children as follows:

<i>Child(ren)'s Name(s) &amp; Age(s)</i>			
<i>Date/Time</i>	/ Approximately 8:30 AM to approximately 12:00 noon		
<i>Location</i>	Lakeview Community Church, 1361 Mt. Lebanon Road, Cedar Hill, Texas 75104		
<i>In case of emergency, notify</i>	PRINTED NAME:	CELLPHONE:	
	ALTERNATE CELLPHONE/CONTACT:		

SIGNATURE:

DATE SIGNED:

\_\_\_\_\_

\_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

**Important information about my Child(ren) - please include special health issues, allergies, etc:**

## Section 2: Waiver of Liability

I, \_\_\_\_\_, hereby hold harmless both Lakeview Community Church and its Agents from any liability as a result of personal injury or property damage occurring while my child(ren) identified in Section 1 is/are under the care of Lakeview Community Church representatives on \_\_\_\_\_.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_