

RELEASE, INDEMNIFICATION AND AUTHORIZATION TO CONSENT TO EMERGENCY MEDICAL TREATMENT OF A MINOR

My name is _____, and I am (check one):

- Parent
- Guardian
- Managing or Joint Managing Conservator with the power to consent to medical treatment

of the following child under 8 years of age, _____

I hereby authorize Chapelwood School for Young Children, Chapelwood United Methodist Church, its trustees, officials, agents, and employees (hereinafter referred to collectively as "Chapelwood School") to consent to emergency medical treatment, if necessary, in the event that I cannot be contacted, at a hospital or clinic chosen at the discretion of Chapelwood School. I understand that Chapelwood School will attempt to contact me or _____ (other individual to be contacted) before consenting to medical care of my student.

I covenant hereby to indemnify Chapelwood School for all costs and expenses incurred by virtue of such emergency medical treatment. I also agree that Chapelwood School shall not be held liable for or responsible for any damages to the person or the property of my student as a result of his or her receipt of medical care to the extent that such release is valid under Texas law. I hereby expressly release and agree to hold harmless on my behalf, and on behalf of my student, Chapelwood School, and those who consent to such medical treatment of my student, from all claims or actions or whatsoever nature, in tort or in contract, that I or my student ever had, now have, or may have in the future against Chapelwood School, from any liability for injuries that occur to my student or to me as a result of his or her receipt of medical care. I expressly waive all claims for medical expenses and wages to which I may otherwise be entitled, and I agree to indemnify and hold harmless Chapelwood School from all claims brought by or on behalf of my student.

I, the undersigned, have read this Release, Indemnification, and Authorization to Consent to Medical Treatment of a Minor and understand all its terms. I have executed it voluntarily and with full knowledge of its significance.

This Release is executed on my behalf and on behalf of my student, _____.
This Release, Indemnification and Authorization to Consent to Medical Treatment to a Minor is effective during the school year.

Date

Signature of Parent, Guardian, or Managing/Joint managing Conservator