

# THSC State Convention and Family Conference Medical Waiver

Child's Name \_\_\_\_\_

Allergies/Other Information \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_

Allergies/Other Information \_\_\_\_\_  
\_\_\_\_\_

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Child's Name \_\_\_\_\_

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\_\_\_\_\_

## Medical Release / Hold Harmless Agreement

I, the undersigned (parent or guardian) agree to hold harmless from any liability the Texas Home School Coalition, Children's Ministries of Texas, and any other participants, planners, volunteers, or persons involved with the 2008 Children's Program arising from injury or sickness sustained by my child(ren) during their participation in this years program.

In addition, I agree to release my child(ren) to any needed first aid or emergency treatment that appears to be necessary and understand that I will be contacted as soon as is reasonably possible in the event of any serious injury to my child(ren).

I have carefully read this release of liability and medical consent form, understand it and willingly agree to its contents.

Parent's Name (Please Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone(s) (\_\_\_\_) \_\_\_\_\_