

YOUTH LEADERS PLEASE KEEP THIS FORM IN YOUR FILE!
ASSIGNMENT OF RESPONSIBILITY

I do hereby give _____ (youth minister) authority to act under this agreement with so far as _____ (student) is concerned:

To obtain and authorize the services of a licensed physician or physicians should medical or surgical treatment be necessary; to authorize said physician or physicians to perform medical treatment, surgical procedure or operation as is considered necessary by him; to authorize disposal of surgically removed parts or tissues by any hospital in accordance with the accustomed practices; that no assurance or guarantee is needed as to the results or outcome that may be reached.

This agreement includes, but is not limited to, the authority herein above set forth, it being the intent of the undersigned that the said _____ (ym) have limited authority based on his sound discretion and good judgment and in which event the undersigned agrees to indemnify and hold harmless the said _____ (ym) and any other person acting under the authority of this agreement.

Further, the undersigned agrees to hold LifeWay Ridgecrest Conference Center, Holston Baptist Association, _____ church, and _____ (ym) harmless for any injury sustained by _____ (student) during this trip.

Signed: _____ Date: _____
(parent or guardian)

Name of youth: _____ Date of Birth: _____
Address: _____ Home Phone: _____
City/State/Zip: _____

Who to call in case of emergency: _____
Home Phone: _____ Work Phone: _____

Medical History: _____
Drug allergies: _____
Father's Name: _____ Employer: _____
Mother's Name: _____ Employer: _____

Primary Insurance Company: _____
Group #: _____ Contract # _____
Secondary Insurance Company: _____
Group #: _____ Contract # _____

State of Tennessee
Sworn to (or affirmed) and subscribed before me this _____ day _____,
By _____ (Name) _____ Notary Public – State of Tennessee (Name of Notary Public) Personally known _____ or Produced Identification _____