

Assignment of Responsibility
2025-2026

I do hereby give Towering Oaks Baptist Church chaperones authority to act under this agreement in so far as _____ (child's name) is concerned:

To obtain and authorize the services of 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; that no assurance or guarantee 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 chaperones have limited authority based on sound discretion and good judgment and in which event the undersigned agrees to indemnify and hold harmless the said chaperones and any other person acting under the authority of this agreement.

Further, the undersigned agrees to hold Towering Oaks Baptist Church and Towering Oaks Baptist Church chaperones harmless for injury sustained by _____ (child's name) during church sponsored events.

Signed: _____ Date: _____
(Parent or Guardian or Authorized Adult)

Name of child: _____ Date of birth: _____
Address: _____ Home Phone: _____
City/State/Zip: _____
Who to call in case of emergency: _____
Home Phone: _____ Work: _____ Cell: _____
Medical History: _____

Drug/Food Allergies: _____
Current Medications: _____
Child's Physician: _____ Phone: _____
Father's Name: _____ Employer: _____
Mother's Name: _____ Employer: _____
Primary Insurance Company: _____
Group # _____ Policy # _____
Secondary Insurance Company: _____
Group # _____ Policy # _____