

**TEXAS ROVERS ANNUAL SOUTH CENTRAL AREA ROVER RALLY (SCARR)
 Parental Consent and Medical Directive for Treatment
 April 11th – April 14th, 2019
 Barnwell Mountain Recreational Area, Gilmer Texas**

Parental Consent and Medical Directive for Treatment

I, (please print legibly) _____, hereby certify that as the parent or legal guardian of the child(ren) listed below, I allow them to accompany _____ (please print full name) as the Responsible Adult and attend the Texas Rovers South Central Area Rover Rally (SCARR) on April 11th to April 14th which includes participating and watching activities, and riding in the Responsible Adult's vehicle as a motorized recreation on the premises of Barnwell Mountain Recreational Area in Gilmer, Texas.

I also certify that as the parent or legal guardian of the named child(ren), I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry to be obtained on behalf of my child(ren) at my expense, and I designate the above-named representative to make treatment decisions. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependant.

Signature: _____

Date: _____

CHILD(REN) INFORMATION

Childs Full Name:	Sex:	Age:
Childs Full Name:	Sex:	Age:
Childs Full Name:	Sex:	Age:
Childs Full Name:	Sex:	Age:
Childs Full Name:	Sex:	Age:
Childs Full Name:	Sex:	Age:
Notarized By:	Notary Expires:	

**** If passenger is a minor, this parent or guardian signature waiver is required ****