

TEXAS ROVERS ANNUAL SOUTH CENTRAL AREA ROVER RALLY (SCARR)
Parental Consent and Medical Directive for Treatment
March 31st – April 3rd, 2022
 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 March 31 st to April 3 rd 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:	
Printed Name:	Date:

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:

THE STATE OF TEXAS
 COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____ A.D.

(SEAL)

Notary Public Signature

My Commission Expires

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