

Trinity Community Church Student Ministries

Emergency Information

(Please print)

Student's Name _____ Grade _____ Date of Birth _____

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____

Health Insurance Co _____ Policy # _____ Group # _____

Physician's Name _____ Phone _____

Are you allergic to any medications? Please list _____

Any other allergies? Please list _____

Presently taking any medications? Please list _____

Date of last tetanus booster _____ Contact Lenses? Yes No

Inhaler? Type _____

Any other medical condition we should be aware of _____

Person to contact in case of emergency:

- | | | | | |
|----|-------|------------|------------|------------|
| 1. | _____ | Cell _____ | Work _____ | Home _____ |
| 2. | _____ | Cell _____ | Work _____ | Home _____ |
| 3. | _____ | Cell _____ | Work _____ | Home _____ |

My child has permission to participate in the various activities offered by Trinity Community Church including travelling with them. Should it be necessary for my child to receive medical treatment while participating in activities on or offsite, I hereby authorize the Trinity Community Church staff and/or leaders to use their judgment in obtaining medical services for my child.

Parent/Guardian _____ Date _____

(Signature required)

Authorization for Emergency Medical Treatment

Release of Liability Statement

As legal custodian of _____, a minor, I authorize the staff/leadership of Trinity Community Church to consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

I release Trinity Community Church, together with the adults in charge, from any claims resulting from injury or damage that may be sustained by my child while participating in the various activities sponsored by Trinity Community Church.

Name of Participant _____

Parent/Guardian _____ Date _____

(Signature required)