

Student Name: _____

Medical Release Form

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named on the top of this sheet, to attend the Trinity Baptist Church student ministry event. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of camp, I hereby authorize the camp to obtain or provide medical treatment for my son/daughter for such injury or illness during the event, and I hereby hold the Trinity staff and Trinity Baptist Church as well as their representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at the event. If this occurs, I hereby authorize the camp staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc.) I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/ her participation, and I further release Trinity Baptist Church and their representatives from any claims for personal illness or injury that my son/daughter may sustain during camp. I further acknowledge and understand my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the Trinity Event.

_____ Date

_____ Signature of Parent or Guardian

Primary Contact Info

Name: _____

Home Phone: _____ Work Phone: _____

Cell/pager # _____

Insurance Policy #: _____ Group Policy #: _____

Group Policy With: _____

List any medical, Physical, or other limitations: _____

Allergies: _____

Last Tetanus shot: _____ Current Medications: _____

Doctor's Name: _____ Phone # _____

Should the parent or guardian (primary contact) not be available, whom should we contact (secondary contact) in case of emergency?

Name: _____

Phone: _____