

TRC Youth Ministry Mandatory Health Form

I consent that pictures taken at events may be used by Trinity Reformed Church.

PARTICIPANT INFO

Name of participant: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: _____ Ht./Wt. _____

Cell Phone: _____ Email: _____

EMERGENCY CONTACT PERSON

Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

ALTERNATE CONTACT PERSON

Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

INSURANCE INFO

If you have medical insurance, your carrier will be billed for medical charges in the case of illness/injury while on a trip.

Do you have health insurance? YES NO
Name of insurance company: _____

Policy #: _____

In whose name is the insurance: _____

Family Doctor: _____

Doctor/Health Clinic Phone #: _____

ADMINISTERING MEDICINE TO PARTICIPANTS

My child DOES NOT currently take medication that would need to be administered during the trip.

My child DOES take medication that would need to be administered during the trip.

Medication(s), dosage(s), and time to be administered.

PARTICIPANT HEALTH HISTORY

Pre-existing or present medical conditions: _____

Allergies: _____

Date of last Tetanus shot: _____

Activity Restrictions: _____

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I/we cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Trinity Reformed Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Trinity Reformed Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature: _____

Signature of Student (if over 18): _____

Date: _____