

TRC Youth Ministry Mandatory Health Form

- I consent that pictures taken at events may be used by Trinity Church.
- I consent that Trinity volunteers can drive my student to and from events as needed.

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: _____ 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: _____