

Trinity Baptist Church Children's Ministry

Health/Medical Release Form 2017-2018

Name of Student _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip _____

Phone Number (____) _____

Emergency Contact Person

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____ Cell Phone _____

Phone Number (Home) (____) _____ (Work) (____) _____

Alternate Contact Person

Name _____

Address _____

City _____ State _____ Zip _____ Cell Phone _____

Phone Number (Home) (____) _____ (Work) (____) _____

If you have medical insurance your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Doctor _____ City _____ Phone _____

If your child should require attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the children's ministry activity.

Health History

General health _____ Pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Any allergies? _____ to medications? _____

Heart Condition _____ Diabetes _____ Asthma _____ Epilepsy/Nervous Disorders _____

Frequent Stomach upsets _____ Physical handicap _____ Any major illnesses in the last year? _____

If any of the above are checked, please give details _____

Immunizations (give most current dates): _____ Tetanus _____ MMR _____ Polio _____ DPT Series

May we give your child over the counter medication (Tylenol, Tums, etc.) _____ Yes _____ No

If yes, what? _____ Any swimming restrictions? _____ Yes _____ No

If yes, what? _____

Any activity restrictions? _____ Yes _____ No If yes, what? _____

Special Dietary Needs: _____

(OVER)

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity sponsored by Trinity Baptist Church, 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 that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by Trinity Baptist 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 Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian

Signature _____ Date _____

Please provide a copy of the front and back of insurance card with this form.

I provided a copy of the insurance card: _____ Yes _____ No