

# Trinity Baptist Church Student Ministry 2024 Medical and Internet Release Form

Name of Student: \_\_\_\_\_ Date Of \_\_\_\_\_

Birth \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_ GroupNumber \_\_\_\_\_ In

whose name is the insurance? \_\_\_\_\_

Family \_\_\_\_\_ Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_

**If your child should require medical 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 student ministry activity.**

## **Health History**

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 \_\_\_\_\_

\_\_\_\_\_  
\_ 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?

\_\_\_\_\_  
(OVER)

### **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** \_\_\_\_\_

### **Photo/Internet Release Statement**

I understand, as a participant of all TBC Student Ministry activities, my student may be photographed during normal activities and these photos may be posted on the TBC Student Ministry website. I always reserve the right to pull any picture off the site that I may deem necessary.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_