

**Trinity Baptist Church
2026 Medical and Internet Release Form**

Name: _____ Date Of Birth _____

Address _____ Age _____

City _____ State _____ Zip _____

Phone Number (_____) _____

Emergency Contact Person

Name _____

Address (if different) _____

City _____ State _____ Zip _____ Cell Phone _____

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

Alternate Contact Person

Name _____

Address _____

City _____ State _____ Zip _____ Cell Phone _____

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

Insurance Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury.

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Primary Care Doctor _____ City _____

Phone _____

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 _____

Physical handicap _____ Any major illnesses in the last year? _____

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

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 answer for myself 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 as deemed necessary.

I understand that my insurance coverage 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.

Signature: _____ **Date** _____

Photo/Internet Release Statement

I understand, as a participant in the TBC Mission Trip, I may be photographed during normal activities and these photos may be posted on the TBC website and print publications. I always reserve the right to pull any picture off the site that I may deem necessary.

Signature: _____ **Date** _____