

TRINITY BAPTIST CHURCH OF FAIRVIEW PERMISSION/MEDICAL RELEASE FORM

Youth's Name: _____ Birth Date: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Youth's Social Security # _____

PERSON TO NOTIFY

(If different Phone # from youth) (Beeper or cellular #)

Father: _____ # _____ # _____
Mother: _____ # _____ # _____
Father's Employer & Phone: _____ # _____
Mother's Employer & Phone: _____ # _____

MEDICAL INFORMATION: Date of Youth's Last Tetanus Shot: _____

Youth's Physician & phone: _____

Youth's Dentist & Phone: _____

Allergic to any Medicene? _____ Yes _____ No

If so what? _____

Additional comments: _____

INSURANCE INFORMATION

Insurance Company or Group: _____

Policy #: _____ Phone # _____

Group #: _____

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 that I am unavailable for purposes of providing parental consent, I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with the youth of Trinity Baptist Church, of Fairview, North Carolina, to consent to any examination, x-ray, anesthetic, medical, dental, or surgical diagnosis, or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or other medical center. I hereby authorize the physician (s) and staff of a licensed hospital or other medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to my minor son or daughter while participating with Trinity Baptist Church. I, the undersigned, do hereby verify that all information is correct and I do hereby release all adult group leaders from any and all claims, demands, actions or cause of action, past, present, or future arising from and damage or injury while participating with Trinity Baptist Church of Fairview, NC on a church sponsored activity or trip.

This form shall be valid for one year from the date listed below.

Dated this _____ day of _____, Year _____, State of _____ County of _____

Signed: _____ Date: _____ Relation: _____

(A Parent or Guardian must sign this space if the participant is under the age of 18)