

MEDICAL AND LIABILITY RELEASE FORM — SENIOR HIGH/MIDDLE SCHOOL

Trinity United Presbyterian Church

Name _____ Birthdate _____ Grade _____
Last First (in Fall '08)

Address _____
Street and Number City Zip

Student's Home Phone _____ Email _____ Male Female

Father _____ Phone H () W () Cell ()

Mother _____ Phone H () W () Cell ()

In Emergency, Notify: _____ Phone ()

Doctor _____ Phone ()

Allergic reactions: Drugs Insect stings Other _____

If you have checked any of the above, please give details (i.e., include normal treatment of allergic reactions). _____

Date of last tetanus shot: _____

Medications: Name: _____ Dosage/ Times: _____

Any swimming restrictions Yes No Any activity restrictions? Yes No

Please explain if answer was yes _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? Yes No Insurance Company _____

Policy Number _____

MEDICAL AND LIABILITY RELEASE FORM — SENIOR HIGH/MIDDLE SCHOOL

Trinity United Presbyterian Church

Name _____ Birthdate _____ Grade _____
Last First (in Fall '08)

Address _____
Street and Number City Zip

Student's Home Phone _____ Email _____ Male Female

Father _____ Phone H () W () Cell ()

Mother _____ Phone H () W () Cell ()

In Emergency, Notify: _____ Phone ()

Doctor _____ Phone ()

Allergic reactions: Drugs Insect stings Other _____

If you have checked any of the above, please give details (i.e., include normal treatment of allergic reactions). _____

Date of last tetanus shot: _____

Medications: Name: _____ Dosage/ Times: _____

Any swimming restrictions Yes No Any activity restrictions? Yes No

Please explain if answer was yes _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? Yes No Insurance Company _____

Policy Number _____

I give permission for my child's photo to be used in Trinity publicity Yes No

MEDICAL RELEASE

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to secure proper intervention, X-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for my son or daughter as deemed necessary."

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or Guardian's signature:

Mother

Father

Guardian

Date Signed _____

Valid from May 1, 2008

to June 30, 2009

IMPORTANT: Please notify the Family Ministries Office (714/505-6254 ext 101 or 119) if your student is exposed to any communicable diseases during the three weeks prior to camp attendance.

Rev. 3/06

G:\Staff Share\GENERAL\FORMS\Med Release Youth.doc

I give permission for my child's photo to be used in Trinity publicity Yes No

MEDICAL RELEASE

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to secure proper intervention, X-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for my son or daughter as deemed necessary."

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or Guardian's signature:

Mother

Father

Guardian

Date Signed _____

Valid from May 1, 2008

to June 30, 2009

IMPORTANT: Please notify the Family Ministries Office (714/505-6254 ext 101 or 119) if your student is exposed to any communicable diseases during the three weeks prior to camp attendance.

Rev. 3/06

G:\Staff Share\GENERAL\FORMS\Med Release Youth.doc