

Name _____ Birthday ____/____/____ Grade _____ School _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Parent's Business Phone _____ Other _____
Parent (Legal Guardian) _____ Phone _____ Other _____
In Case of Emergency notify _____ Phone _____ Other _____
Family Physician Name _____ Phone _____
Insurance Company _____ Policy # _____ Group # _____

Health History & Information

Date of last Tetanus Shot: ____/____/____ Are other immunizations current? ____ Yes ____ No
____ Asthma (Does the student need to keep the inhaler to use as needed? ____ Yes ____ No)
____ Allergies - list: _____
____ Insect Stings/Bites ____ Diabetes ____ Kidney Trouble ____ Heart Trouble _____ Other
____ Medications - list: _____
____ Restricted Diet - explain: _____

Permission for Treatment, Photo/Video Notice & Release

I am aware that _____'s participation in all youth related activities could involve the risk of injury to my child to participate in church sponsored activities, I hereby agree to let my child participate and to hold Trinity Baptist Church harmless from any and all liability actions, courses of action, debts, claims, or demands, of any kind and nature whatsoever which may arise by or in connection with my child participating in any activities. Because of the risks involved, I will encourage my child to follow the instructions of the supervising adults. My permission is granted for supervising adults to obtain medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by the church chaperone. I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in promotional materials and/or the church website. I am signing this of my own free will.

Youth Signature: _____ Parent/Guardian Signature: _____ Date: _____

Trinity Baptist Student Ministry
Medical Release and Photo/ Video Permission