

2011-2012

Trinity Youth Group Medical Release Form

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_

Childs Home Phone #: \_\_\_\_\_ Childs Cell \_\_\_\_\_

Childs Email if applicable \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

ID and Group #: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

I give my permission for my child (children) to attend Trinity Youth events. In case of illness or accident, I give my permission to have my child (children) evaluated and treated by qualified medical personnel. I understand every attempt will be made to notify me in such an event. However, if I cannot be reached, the adults in charge have my permission to authorize any medical care, which in their judgement, they deem necessary and to sign any medical forms necessary on my child's (children's) behalf. My permission is hereby given for all events for one year from the date below.

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

Parent/Guardian Name (printed): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: (day): \_\_\_\_\_ (evening): \_\_\_\_\_

(Cell): \_\_\_\_\_ Email \_\_\_\_\_

Please provide one contact person whom we might reach in case you are unavailable:

Name: \_\_\_\_\_

Phone #: (day) \_\_\_\_\_ (evening): \_\_\_\_\_

(cell) \_\_\_\_\_

Medical Information

Child's Birth date: \_\_\_\_\_

My child has special dietary and/or medical needs: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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