

Trinity Church
Parental Consent, Certification and Medical Authorization

Parents and legal guardians of minor children are asked to complete this form and return it to the Youth Department. The information requested is designed to assist the church in providing for the safety of minors during church-sponsor activities for one full year.

Please print

Child's name _____ Date of Birth _____
Father's name _____ Mother's name _____
Child's address _____ City _____ State _____ Zip _____
Home phone () _____

Father's employer _____ Mother's employer _____
Work phone () _____ Work phone () _____

Physician's name _____ Phone () _____

Emergency contact (if parents are not available):

Name _____ Phone () _____
Relationship to child _____

Medical Information/Special Instructions

List child's allergies to drugs, foods, plants, etc: _____

List any medications taken regularly: _____

Does your child have (or has ever had) any of the following: (Circle and explain below)

Asthma Diabetes Hay Fever Heart Murmur Kidney Disease Seizure Disorders

Can your child swim? Yes _____ No _____

Does your child have any physical disabilities or illnesses which would prevent him/her from participating in normal rigorous activity?

Yes _____ No _____

Other special instructions about your child: _____

I, _____, The parent or legal guardian of _____,
Hereby consent to the participation of my/our child in all of the activities of the Youth Ministry at Trinity Church, including field trips/outings, camp, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church's ministry. Furthermore, I/we certify that my/our child is physically fit and adequately trained to participate in such events. I/We also authorize Trinity Church and its staff members or volunteers to consent for any necessary medical treatment should I/we be unavailable to authorized said treatment. I/We agree to be financially responsible for any charges incurred for the necessary treatment of my/our child. I/We do understand that adult supervisors reserve the right to restrict my child from any activities that they do not feel is within the physical capabilities of my/our child.

Parent's signature _____ Date _____

Transportation Release

Should it become necessary for my/our child to ride in a Trinity vehicle, a staff member or volunteer's vehicle, I do hereby agree to hold the staff member, volunteer, and Trinity harmless of any liability arising from any injury, accident or damage, and release and further discharge Trinity Church and its staff and volunteers, and its respective successors, heirs, assigns, agents, officers, directors, shareholders and servants, and all other persons, firms and corporations, from any injury, accident or damage whatsoever caused to any person, firm or corporation, from and against all loss, reasonable counsel fees, expenses and liabilities incurred on or about any such claim, action or proceeding brought thereon, which I/we may now have or hereinafter assert against Trinity Church and/or its staff or volunteers with respect to my riding in the church's, staff's, or volunteer's vehicle, or arising from any injury, accident or damage whatsoever cause to any person, firm or corporation.

Parent's signature _____ Date _____

Notary signature _____ Date _____

Seal _____

My Commission Expires _____