



Valid through  
August 15<sup>th</sup>, 2018

**TRINITY YOUTH  
PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

Name of child/youth: \_\_\_\_\_ Grade: \_\_\_\_ DOB: \_\_/\_\_/\_\_

Address: \_\_\_\_\_  
Street/Apt Number City Zip code

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

As the parent (or legal guardian) of: \_\_\_\_\_  
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities, which the church may offer. I consent for my child/youth to participate in these activities.

Please indicate below any restrictions on your child's/youth's activities:

\_\_\_\_\_ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_ I represent that my child/youth has restrictions on the following particular activities:

\_\_\_\_\_

\_\_\_\_\_ I also understand and give consent for my child/youth to travel to and from these events in transportation provided by volunteer drivers.

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Insurance Company Verification Telephone number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

State of Florida  
County of Palm Beach

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ who is personally known to me, or has produced FL Driver's  
License # \_\_\_\_\_, as identification.

\_\_\_\_\_  
Notary Public