

TRINITY CHILD/YOUTH PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ DOB: _____ Grade: _____ Age: _____

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