

Trinity Baptist Church
Seneca, SC
Emergency Contact Information and Liability/Medical Release
(Valid June 1, 2011 – May 31, 2012)

Name _____ Birth Date _____

T-Shirt size (please circle) Youth: S M L Adult: S M L XL

Home address _____

Parent/Guardian _____ Home phone _____

Work phone _____ Cell phone _____

Alternate emergency contact _____ Phone _____

Physician _____ Phone _____

Known allergies (medicine/food) _____

Describe past serious illnesses or hospitalizations, with dates _____

Date of last Tetanus injection (if known) _____

Describe all physical conditions or illnesses, which could affect the child's participation in the programs or the proper medical treatment (diabetes, epilepsy, poor blood clotting, asthma, etc.) _____

Health insurance company _____ Policy number _____

Please attach a copy of the front and back of your insurance card

Release of Liability and Emergency Medical Treatment
(Must be notarized)

I give permission for my child, _____, to attend activities associated with Trinity Baptist Church. I do not hold Trinity Baptist Church or any of its chaperones liable for any injuries, accidents, or illnesses incurred during such activities.

I hereby give chaperones of Trinity Baptist Church events permission to provide first aid care for my child, _____. In the event I cannot be reached, I hereby authorize Trinity Baptist Church chaperones to transport my child to the emergency room of the nearest hospital and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment that a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

Parent/Guardian _____ Date _____

State of _____ County of _____

The foregoing Consent was acknowledged before me this _____ day of _____, _____

by my hand and official seal.

Notary Public _____
Commission expiration _____

(Notary Seal)