

# 2019-2020 MEDICAL & LIABILITY RELEASE FORM — High School

Trinity United Presbyterian Church • 13922 Prospect Ave • Santa Ana CA • 92705 • www.trinityconnection.com • 714.505.6254

## PERSONAL INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Month Day Year (In Fall 2019)

Address \_\_\_\_\_  Male  Female  
Number & Street City State Zip Code

Student's Home Phone (\_\_\_\_\_) \_\_\_\_\_ Student Cell Phone # \_\_\_\_\_

Parent Email \_\_\_\_\_ Student Email \_\_\_\_\_

Father \_\_\_\_\_ Phone H (\_\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
Mother \_\_\_\_\_ Phone H (\_\_\_\_\_) \_\_\_\_\_ W (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

In Emergency Notify (NOT Parent) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship to Child

## MEDICAL & INSURANCE INFORMATION

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Year of Last Tetanus Shot \_\_\_\_\_

Allergic Reactions to  Drugs  Insect Stings  Other (please specify) \_\_\_\_\_

If you have checked any allergic reactions above, please provide details, including severity and normal treatment of reactions \_\_\_\_\_

Regular Medications Taken \_\_\_\_\_ Dosages/Times \_\_\_\_\_

Any swimming or activity restrictions?  Yes  No If Yes, describe \_\_\_\_\_

Describe any other medical, developmental, or behavioral information you believe it is important for us to be aware of \_\_\_\_\_

Is your child under an Individualized Education Program (IEP) at school?  Yes  No Does your child receive regular immunizations?  Yes  No

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance?  Yes  No Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

**MEDICAL RELEASE** "In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to secure proper intervention, x-ray, examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for my son or daughter as deemed necessary. I authorize church staff or volunteer staff to give the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child: analgesics (ibuprofen or acetaminophen), antihistamines (Sudafed, Benadryl, etc.), antibiotic ointment, hydrocortisone cream (such as Cortaid), electrolyte replacement fluids (such as Gatorade), antiseptic skin and wound cleansers, analgesic balms or gels, sunscreens, with the exception of \_\_\_\_\_."

**LIABILITY RELEASE** Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precautions, unforeseen events can occur. By signing this form the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church (TUPCSA) or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

By signing this form, I am authorizing permission for my child's photo to be used in Trinity publicity.

Parent or Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Print Name \_\_\_\_\_ Relationship to Child  Mother  Father  Guardian

Valid from **Mar 1, 2019 to June 30, 2020**

**IMPORTANT:** Please notify the Student & Family Ministries Office (714.505.6254 ext. 101) if your child is exposed to any communicable diseases during the three weeks prior to a camp experience.