

# MEDICAL AND LIABILITY RELEASE FORM — COLLEGE/ADULT

Trinity United Presbyterian Church 13922 Prospect Ave. Santa Ana CA 92705 (714) 505.6254 x 114

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street and Number City Zip

Student's Home Phone \_\_\_\_\_ Email \_\_\_\_\_  Male  Female

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

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

In Emergency, Notify: \_\_\_\_\_ Phone ( )

Doctor \_\_\_\_\_ Phone ( )

Allergic reactions:  Drugs  Insect stings Other \_\_\_\_\_

If you have checked any of the above, please give details (i.e., include normal treatment of allergic reactions). \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications: Name: \_\_\_\_\_ Dosage/ Times: \_\_\_\_\_

Any swimming restrictions  Yes  No Any activity restrictions?  Yes  No

Please explain if answer was yes \_\_\_\_\_

Any Special needs or health issues? \_\_\_\_\_

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's signature if UNDER 18 years old:

IF OVER 18 YEARS OLD SIGN BELOW:

\_\_\_\_\_  
Mother/Father

\_\_\_\_\_

\_\_\_\_\_  
Guardian

Date Signed \_\_\_\_\_

Valid from \_\_\_\_\_ March 1, 2019

to \_\_\_\_\_ June 30, 2020

**IMPORTANT:** Please notify the Family Ministries Office (714/505-6254 ext 101) if your student is exposed to any communicable diseases during the three weeks prior to any camp attendance.