

MEDICAL RELEASE FOR TRINITY BAPTIST CHURCH ACTIVITIES 2024

_____ **Middle School** _____ **High School** _____ **Adult** (Please check one)

Participant's Last Name _____ First Name _____ Middle Initial _____

Contact Phone _____ Date of Birth _____ City/State of Birth _____

Address _____ City/State _____ Zip _____

Grade: _____ 12th _____ 11th _____ 10th _____ 9th _____ 8th _____ 7th _____ 6th _____ Adult

Emergency Contacts

Father/Guardian _____ Home _____ Work _____ Cell _____

Mother/Guardian _____ Home _____ Work _____ Cell _____

Other: _____ Contact # _____ Relationship _____

Family Doctor _____ Phone _____

Physical problems we should be aware of (allergies, disabilities, etc.) _____

Insurance Company _____ Group # _____

In the event of a serious injury to the above named student, if unable to contact either of the parents/guardians or emergency contact, the advisor in charge has our permission to seek medical attention from the nearest physician or emergency facility.

Parent/Guardian/Adult Signature _____ Date _____