



Trinity Baptist Church Student Ministry
2020-2021
Universal Release Form

Effective Dates: July 1, 2020 – August 31, 2020

Student Information:

Full Name: _____ Grade: _____ DOB: __ / __ / __ Male/Female
Nickname: _____ School: _____
Primary Address: _____
Students Home Phone _____ Student Cell Phone _____
Student Email: _____

Parent/Guardian Information

Name: _____ Name: _____
Primary Contact: _____ Primary Contact: _____

Emergency Contact if Parents/Guardians cannot be reached:

Name: _____ Name: _____
Primary Contact: _____ Primary Contact: _____

Medical Information

Any Previous Medical History that Trinity should be aware of:

Any Allergies:

Current Medication:

Student: _____ Signature: _____ Date: _____

Parent/ Guardian: _____ Signature: _____ Date: _____

Insurance Information:

Medical Insurance Company: _____ Phone Number: _____
Policy/Group ID #: _____ Policy Holder's Name: _____

Required: Please attach a copy of student's medical insurance Card

Statement of Release

I, the undersigned **parent(s) or guardian(s)** of _____, **who is a minor**, do hereby authorize that Student Ministry Workers of the **Trinity Baptist Church**, should it be necessary for my child to have medical treatment while participating in a Student Ministry activity, I hereby give the person(s) in charge permission to act on my behalf to SECURE HOSPITALIZATION or medical services deemed necessary and appropriate by the physician.

I, further, release **Trinity Baptist Church** or any of its paid staff or volunteers responsibility for any accident that may occur on the way to, from, or during an event. I release Trinity Baptist Church from all claims made and liabilities assessed against them as a result of any event or activity. I release Trinity Baptist Church and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Signed: _____ Date: _____
(Parent or Guardian)

*The foregoing instrument was acknowledged before me this day
of _____, _____ by _____
who is personally known to me or has produced identification and who did take an oath.*

NOTARY PUBLIC