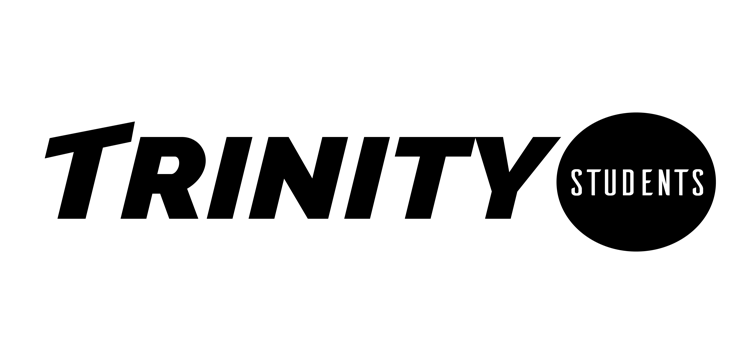
**Trinity Baptist Church Student Ministry**

**2024**

**Universal Release Form**

**Effective Dates: January 1, 2024 – December 31, 2024**

**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***