

2023-2024 Trinity on the Hill

Children's/Youth Activity Authorization & Medical/Liability Release

PARTICIPANT			
Full Name	Preferred Name	Gender	M F
Street Address	City, State, Zip Code		
Email Address	Cell Phone		
Date of Birth	Current Grade		
FATHER or LEGAL GUARDIAN		MOTHER or LEGAL GUARDIAN	
Name	Name		
Street Address (if different)	Street Address (if different)		
City, State, Zip Code	City, State, Zip Code		
Cell Phone	Cell Phone		
Email Address	Email Address		
EMERGENCY CONTACTS			
Name	Relationship to Participant	Cell Phone	
Name	Relationship to Participant	Cell Phone	
HEALTH INSURANCE INFORMATION			
Health Insurance Provider	Policy Number	Group Number	
Name of the Policy Holder	Health Insurance Provider Phone Number		
MEDICAL HISTORY			
Is the above-named participant in good health and able to participate in all activities?		Yes	No
If no, please specify limits of participation:			
Any allergies to food or medication? Yes No If yes, please specify allergies:			
Is the participant currently under a doctor's supervision for any of the following?			
Epilepsy	Diabetes	Asthma	Allergies not list above
Any other condition or special care need we should be aware of?		Yes	No If yes, please describe:

Is the participant taking any prescription medications?	Yes	No	If yes*, please list:
Name of Medication	Dosage/Frequency		
<p>*Group leaders must be informed of any prescription medication brought by participant, with clear information as to proper use and dosage. If medication is 'as needed', participant must understand the symptoms of their condition and know when to ask for help.</p>			
Please check all over-the-counter medications you will NOT allow to be dispensed to this participant:			
Aspirin	Acetaminophen	Ibuprofen	Nasal Decongestant Pepto Bismol Cough Suppressant Lozenges
Date of last tetanus shot:			
Physician Name		Physician Phone Number	
MEDICAL AND PARENTAL CONSENT AND RELEASE			
<p>MEDICAL CONSENT: As the legal guardian, if the participant is a minor under the age of 18, I hereby attest that I have read this complete document; all information provided is complete and true. I have legal standing to make decisions which affect the rights of the above-named participant; and, I understand and consent to all terms outlined in this document. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to ministry activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable Trinity on the Hill, Augusta, its employees, agents and event/group leaders for any injury, illness or property damage involving the above-named participant, no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. If the above-named participant is incapacitated or under age 18, I do hereby authorize group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, and hospital care which is deemed advisable by a state-licensed physician or surgeon.</p>			
<p>PARENTAL CONSENT (for minor under age 18): As legal guardian of the above-named minor under the age of 18, I give my permission for him/her to be involved in the ministry program(s) of Trinity on the Hill, Augusta. I am familiar with the general goals and purposes of the program(s). I understand I will be notified for any special activities and trips away from the church, including location, form of travel and cost. Should my child choose to attend such activities, I agree to send them with the appropriate clothes, personal items and money needed. Unless I have made special arrangements with a group leader, transportation to/from church or group activities, or to a common drop point for group travel, is the child and parent's responsibility. If my child needs to be sent home for any reason, including behavioral problems or medical reasons, I agree it will be at my expense.</p>			
<p>PHOTOGRAPHY, DIGITAL, VIDEO RELEASE: I hereby grant Trinity on the Hill, Augusta, and its representatives permission to use, without compensation or restriction, photographs, digital images and videotape images in which the participant appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.</p>			
<p>CONFIDENTIALITY: I understand that health information in this form will only be shared, as needed, with group leaders, Church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to outside organizations. However, since it is common practice for the Church to publish a participant's address, phone number and/or birthday on the group's roster, if they actively participate in the group, I authorize the Church to publish such information on a local (or event) roster.</p>			
<p>LIMIT OF CONSENT: The consent outlined in this Children's/Youth Activity Authorization & Medical/Liability Release, concerning my child's participation in ministry activities, expires one (1) year from the date signed. It is my responsibility to notify the Church staff or group leaders if any information changes or I decide to withhold consent.</p>			
<p>TERMS OF ACCEPTANCE and SIGNATURE: I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and, I understand and consent to all terms outlined in this document.</p>			
I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms and Conditions.			
Electronic Signature (please type first and last name here)	Signature (if printing form)		Date