

**Trinity Baptist Church**  
**Seneca, SC**  
**Emergency Contact Information and Liability/Medical Release**  
**(Valid June 1, 2010 – May 31, 2011)**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

T-Shirt size (please circle)      Youth:    S    M    L                  Adult:    S    M    L    XL

Home address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternate emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Known allergies (medicine/food) \_\_\_\_\_

Describe past serious illnesses or hospitalizations, with dates \_\_\_\_\_

Date of last Tetanus injection (if known) \_\_\_\_\_

Describe all physical conditions or illnesses, which could affect the child's participation in the programs or the proper medical treatment (diabetes, epilepsy, poor blood clotting, asthma, etc.) \_\_\_\_\_

Health insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

**\*\*Please attach a copy of the front and back of your insurance card\*\***

**Release of Liability and Emergency Medical Treatment**  
*(Must be notarized)*

I give permission for my child, \_\_\_\_\_, to attend activities associated with Trinity Baptist Church. I do not hold Trinity Baptist Church or any of its chaperones liable for any injuries, accidents, or illnesses incurred during such activities.

I hereby give chaperones of Trinity Baptist Church events permission to provide first aid care for my child, \_\_\_\_\_. In the event I cannot be reached, I hereby authorize Trinity Baptist Church chaperones to transport my child to the emergency room of the nearest hospital and I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment that a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing Consent was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by my hand and official seal.

Notary Public \_\_\_\_\_  
Commission expiration \_\_\_\_\_

(Notary Seal)