



Trinity United Methodist Church  
403 Racetrack Rd NW  
Ft. Walton Beach, FL 32547  
(850) 862-4169  
www.trinityfwb.org

## 2024-2025 TRIP CONSENT FORM

My child, \_\_\_\_\_, may take part in field trips or excursions under the appropriate supervision of a representative of Trinity United Methodist Church.

My child **IS / IS NOT** able to swim (*please circle one and list any other activities your child is not permitted to do*).

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY

Student's Date of Birth: \_\_\_\_\_ Approximate date of last tetanus shot: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications & Dosages: (*if none, write none*) \_\_\_\_\_ Allergies: (*if none, write none*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts:

	Name	Phone
1.	_____	_____

2.	_____	_____
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## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Employer: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY & MEDICAL TREATMENT RELEASE OF LIABILITY

I \_\_\_\_\_, hereby authorize a representative of Trinity United Methodist Church to give consent for the treatment of my child \_\_\_\_\_ in the event of illness or injury. I further release Trinity United Methodist Church, its employees, and volunteers from any liability in the event of an accident en route, during or returning from any church events or trips. This authorization and release is effective for one (1) year from the date notarized.

#### Photo Release

I hereby grant permission to Trinity United Methodist Church to use my child's photograph(s) on its Website or in other official church-printed publications. I acknowledge that the church has the right to crop or treat the photograph(s) at its discretion. Therefore, I agree to indemnify and hold harmless the church, its trustees, pastor, associate pastors, Youth Director, its members and designees from any claims arising out of the use of said photograph(s).

Initial: \_\_\_\_\_

#### Communication Release

[ ] I **GIVE** permission for my child(ren) to participate in the online communication run by Trinity United Methodist Church (*Remind, Instagram, Text message*).

[ ] I **DO NOT** give permission for my child(ren) to participate in the online communication run by Trinity United Methodist Church (*Remind, Instagram, Text message*).

*Note: for online communication with children, information will only be provided to a parent/guardian. For online communication with young people, information can be provided to both parent/guardian and young person.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Notary Signature & Stamp*

\_\_\_\_\_  
*Date*