



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

2025-2026 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.

Please list student's name and circle an answer listed in bold.

My Child, _____, **may / may not** ride in Trinity UMC vehicles.

My Child, _____, **may / may not** ride in vehicles personally owned by Trinity Student Ministry Leaders.

My child **is / is not** able to swim (*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: _____

Allergies: _____

Emergency Contacts:

	Name	Phone
1.	_____	_____
2.	_____	_____

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