

TRINITY UNITED METHODIST CHURCH

403 Racetrack Rd. NW.
Fort Walton Beach, Fl. 32547

TRIP CONSENT FORM 2017/2018

My child, _____, may take part in field trips or excursions under 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	Home phone	Work phone	Cell Phone
_____	_____	_____	_____
Home address	City	Zip code	
_____	_____	_____	

MEDICAL HISTORY

Doctor: _____ Phone: _____

Current medications and dosages: (if none, write none) _____

Allergies: (if none, write none) _____

Approximate date of last tetanus shot: _____

Student's Date of Birth: _____

2 people to contact in Case of emergencies:

Name	Phone
1. _____	_____
2. _____	_____

INSURANCE INFORMATION

Insurance Company

Policy Number

Employer

PHOTO RELEASE

I hereby grant permission to **Trinity United Methodist Church** to use my child's photograph(s) on its Web site or in other official church printed publications. I acknowledge the church's 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).

AUTHORIZATION FOR EMERGENCY AND MEDICAL TREATMENT AND 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.

Signature of Parent or Guardian

Notary Signature

Date

Commission Expires