



### Youth Health Information Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

**Emergency Contact (if other than above parent(s)/guardian(s):**

Name#1 \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Name#2 \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

**Medical Care Contacts:**

Physician's name: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's name: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Health Insurance Coverage for Child:**

Insurer's Name: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Parent/Guardian Consent and Agreement

In consideration of my child, \_\_\_\_\_'s, opportunity to participate in Trinity Baptist Church's activities and programs, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of Trinity Baptist Church. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs of Trinity Baptist Church or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by Trinity Baptist Church leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported or receive emergency care and to be responsible for all financial charges for such emergency care.

I release and promise to indemnify, defend and hold harmless Trinity Baptist Church, its leaders, employees, volunteers, and agents from any and all injury or loss resulting directly or indirectly from the activities and programs of Trinity Baptist Church or transportation to and from such activities and programs, whether such injury result from the negligence of Trinity Baptist Church, my child, or otherwise.

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

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

## Photo/Video Release Consents

My child may be photographed or video-taped while participating in Trinity Baptist Church's activities and programs. These activities include, but are not limited to, bible class, children's church, Kid Quest, Middle School Youth Group, High School Youth Group and Vacation Bible School.

Photos or video footages may be used by volunteers and employees of Trinity Baptist Church in promoting the overall ministry of Trinity Baptist Church.  Yes  No

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