

Trinity Southern Baptist Church
1100 E. Trinity Place, Casa Grande, AZ 85222
Phone: (520) 836-2383

GENERAL PERMISSION FORM

ACTIVITY INFORMATION

Activity: _____ Date: _____
Activity Location: _____

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____
Telephone: _____ Male: Female:

INSURANCE INFORMATION

Please check applicable box or fill out insurance information below.

- A photocopy of medical insurance card is already on file.
 I have attached a photocopy of medical insurance card (front and back) to be kept on file.

Health Insurance Co.: _____ Policy No.: _____
Physician or Clinic: _____ Telephone: _____

Specific medical condition(s) or other necessary health information: _____

PARENTAL AUTHORIZATION

As the parent or guardian of _____, I give permission for my child to participate in the activity stated above. My child has my permission to be transported to and from this activity. I understand that neither Trinity Southern Baptist Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent/Guardian Signature: _____ Date: _____

MEDICAL RELEASE

As the parent or guardian of _____, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Signature: _____ Date: _____

CONTACT INFORMATION

Home: _____ Work: _____ Cell: _____

Another person to contact in case of emergency:

Name: _____ Relationship: _____ Telephone: _____