



PARENT/GUARDIAN CONSENT AND AUTHORIZATION FOR MEDICAL TREATMENT

Name of Participant _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian _____

Contact Numbers: Home _____ Work _____ Cell _____

Other contact name (if parents cannot be reached) _____ Phone _____

Medical Insurance Information

Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Allergies _____

Medical Conditions _____

Prescription Medication (on trip) _____

Permission

I, _____ (parent/guardian), hereby give permission for _____ (name of child) to attend Trinity Youth Camp Church of Jacksonville, Florida during the date(s) of _____.

- I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby grant permission to a Trinity Youth Camp representative, to act on my behalf in seeking medical treatment in case of my child's sickness or injury.
I hereby grant permission for an attending physician or hospital to perform whatever care is deemed medically necessary for the health, safety, and welfare of my child.
I hereby release Trinity Youth Camp and its representative from any and all claims, demands, actions, or cause of actions arising out of injury or damage while attending this camp.
I hereby assume all risks and hazards for my child in connection to this trip and all activities while on this trip.

Signature of Parent/Guardian _____ Date _____

Notary

On this _____ day of _____, 20____, appeared _____ (parent) before me in _____ county, State of _____, and in my presence executed the foregoing consent and release form.

Signed: _____ My commission expires: _____ (Notary)

- Personally known
Produced identification: _____