



CAMP MEDICAL HISTORY AND AUTHORIZATIONS

Participants Legal Name: _____ Birthdate: ___/___/___
Complete Home Address: _____
Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION (Must list two):

Emergency Contact Name (Primary): _____
Cell Phone: _____ Work Phone: _____ Email: _____
Relationship to Participant: _____

Emergency Contact Name (Secondary): _____
Cell Phone: _____ Work Phone: _____ Email: _____
Relationship to Participant: _____

MEDICAL INFORMATION:

Primary Physician: _____ Phone: _____
Insurance Company: _____ Policy #: _____
Name of person insurance is under: _____ Group #: _____

HEALTH HISTORY:

Is the participant presently being treated for injury/sickness or taking any form of medication? _____ If yes, explain:

Does the participant take medication on a regular basis? _____ If yes, please list. For minors, be specific on times and dosing: _____

Is the participant allergic to any medication, food, or environmental agent? _____ List and include expected reactions:

Does the participant have any physical condition or illness that would prevent him or her from participating in activities on this mission trip? _____ If yes, explain:

Does the participant have (or ever had) any medical condition that could require special attention?

Are there any activities that the participant should not participate in? _____ If yes, explain:

PARTICIPATION CONSENTS FOR MINORS

(Signature required from participant, or parent or guardian if under 18)

RELEASE, HOLD HARMLESS AND INDEMNITY:

I, the undersigned, as parent or legal court-appointed guardian of _____, a minor under the age of eighteen (18), ("minor"), with full authority to act on behalf of minor, do hereby agree and give my consent to the minor participating in the events, programs, and activities ("activities") during the Trinity Baptist Church camp. I, on my own behalf and on behalf of minor, acknowledge that participating in the activities involve risks, and that injuries, death, or other harm (including damage to minor's property) could occur to minor ("injuries"). By allowing minor to participate in the activities, I, on my own behalf and on behalf of minor, hereby assume full responsibility for the risk of injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of my heirs, successors, assigns, executors and administrators, hereby **RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY** Trinity Baptist Church and its staff, volunteer leaders, employees, trustees, Executive Board members, churches, ministry and church leadership from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for injuries arising out of or connected with the camp, including traveling to and from the location(s) of the camp.

MEDICAL CONSENT AND AUTHORIZATION:

If, while participating in the camp, minor requires emergency medical treatment, I hereby give my consent for any emergency medical care to be rendered to minor as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to Trinity Baptist Church to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anesthesia, surgery, and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral billing, or insurance purposes from any Medical Contracts provided by Trinity Baptist Church. I agree to assume full responsibility for medical expenses incurred as a result of such emergency medical treatment.

MEDIA RELEASE:

Trinity Baptist Church may:

1. Photograph me and record my appearance and voice, whether by film, videotape, magnetic tape, digitally, or otherwise.
2. Make copies of the photographs and recordings made.
3. Distribute photographs and recordings through all media now and in the future.
4. Use my name and likeness for the purpose of ministry, education, promotion, or advertising of the sale or sharing with other ministries the photographs, recordings, and any copies so made.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____