

**Trinity Chapel Bible Church
Health Record & Consent to Treat**

Identification

Student's Full Name _____

Parent/Guardian Name _____

Date of Birth _____

Address _____

Social Security No. _____

City, State, Zip _____

Address _____

Home Phone _____

City, State, Zip _____

Work Phone _____

Phone _____

Other Emergency Contact _____

Email _____

Telephone _____

Medical History/Physician Information

Doctor's Name _____

Allergies _____

Phone No _____

Medications _____

Insurance _____

Health Problems/Special Conditions _____

Policy No _____

Any restriction of activity for Medical Reasons? _____ Yes _____ No

Explain: _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby grant permission for full participation in any and all activities of the Trinity Chapel Student Ministry, subject to the limitations noted above. This health history is true and complete, to the best of my knowledge.

In case of emergency, I understand every effort will be made to contact me, or my spouse, next of kin, or other emergency contact named above. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader and/or the adult leader associated with TCBC to secure proper treatment, including but not limited to hospitalization, X-rays, routine tests, treatment, anesthesia, dental or surgery diagnosis, or injections of medication, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation; this permission is granted for me or my child.

Signature of Parent/Guardian _____

Date _____

Trinity Chapel Bible Church

PERMISSION TO PARTICIPATE:

I hereby grant permission for full participation in any and all activities of the Trinity Chapel Student Ministry, subject to the limitations noted on the reverse side of this form.

I hereby grant permission for my child to leave the church premises under the supervision of an adult chaperone for field trips.

I hereby grant permission for my child to be included in evaluations and pictures connected with the Youth Program.

I hereby grant permission for the adult leader, Student Ministries Director, or adult chaperone to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian;
2. Attempt to contact the child's physician;
3. If the adult leader is unable to contact the parent, guardian or physician, to either (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of an adult leader and has permission to fully consent to medical treatment recommended by a health care professional.

I further grant authorization to the adult leader and/or chaperone to take such action as may be necessary, including any disciplinary action which, in the judgment of the adult leader is necessary to provide for the safety and well-being of the child and of the other participants in the activity/trip. I covenant to indemnify Trinity Chapel Bible Church and its Student Ministry for all costs and expenses incurred by virtue of such emergency medical treatment. I covenant and agree that for and in consideration of the child's participation in the activity/trip, I release and hold harmless Trinity Chapel Bible Church, its Student Ministry and the adult leaders and chaperones from any injuries, claims and damages of every kind, to the person or damage to the property of the child, to the extent that such release is valid under Texas law.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

STATE OF TEXAS §

COUNTY OF TARRANT §

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person(s) whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 2008.

Notary Public in and for the State of Texas
My commission expires: _____