

# TRINITY BAPTIST CHURCH

800 Jackson Road, Kerrville, Texas 78028 (830) 895- 0100

## BLANKET/Event Medical & PERMISSION FORM

**PLEASE PRINT LEGIBLY**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_



MALE     FEMALE

T-Shirt size \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MONTH) (DAY) (YEAR)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ School \_\_\_\_\_ E-Mail address: \_\_\_\_\_

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**PARENT/GUARDIAN Information: Parent/Guardian Name** \_\_\_\_\_

Mailing/Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_

Work phone: (Mom) \_\_\_\_\_ Work Phone (Dad) \_\_\_\_\_ Parent E-Mail \_\_\_\_\_

**SECONDARY CONTACT** to notify in event of emergency: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relation to student: \_\_\_\_\_

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**INSURANCE AND MEDICAL INFORMATION:**

I hereby give permission for the above named child to receive emergency medical care in the event of sickness or injury.

FAMILY DOCTOR \_\_\_\_\_ Dr.'s Address \_\_\_\_\_ Phone \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_ ANY CHRONIC ILLNESS \_\_\_\_\_

MEDICINE ALLERGIES (if any) \_\_\_\_\_

MEDICINE BEING TAKEN AT THIS TIME \_\_\_\_\_

**(Please provide a Photocopy of Insurance Card (front and back) with this form)**

INSURANCE INFORMATION: COMPANY \_\_\_\_\_

POLICY/IDENTIFICATION NUMBER \_\_\_\_\_ GROUP # \_\_\_\_\_

NAME POLICY IS IN \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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I give permission for my child to participate in activities & functions sponsored by TRINITY BAPTIST CHURCH, KERRVILLE, TEXAS. By giving my permission, I do not hold Trinity Baptist Church or any representatives of Trinity Baptist church responsible for any accident or injury to my child while on a Church sponsored trip. This permission form includes transportation in church owned vehicles or other means of transportation provided for a church sponsored activity. I have read, understand, and completed the above information IN FULL. I understand that this is a blanket form to be used for any/all events that are sponsored by Trinity Baptist Church. I also understand that Trinity Baptist Church and/or it's designated sponsors are not held responsible in any way for any illness, accident, or injury to my child.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN (to be signed in Notary's presence)**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_ Before me, a notary public, on this day personally appeared

\_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

**(Please fill out front & back of this form)**

# Photo Image Release

I hereby irrevocably grant to Trinity Student Ministry and Trinity Baptist Church the absolute right and permission to publish or use photographic images and video images of me (the student/participant), or in which I may be included in whole or part. I understand that these images will be used for advertisement purposes, both online and in print, for Trinity Student Ministry and/or Trinity Baptist Church. If at any point I (the student/participant) share the picture, whether online or in print form I remove Trinity Baptist Church and Trinity Student Ministry from any liability.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of Student/Participant **printed**): \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student/Participant**

\_\_\_\_\_  
**Signature (Parent or legal guardian if student/participant is under 18):**  
*(to be signed in Notary's presence)*

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## **Signature Acknowledgement**

State of \_\_\_\_\_ County of \_\_\_\_\_ before me, a notary

public, on this day appeared \_\_\_\_\_

known to me to be the person whose name is subscribed to the foregoing document and being by me first duly sworn, declared the statements therein contained are true and correct.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary